

STATEMENT REGARDING DEBTORS' SCHEDULES A/B, D, AND E/ F

Attached are Schedules A/B, D, and E/ F for Hermitage Inn Real Estate Holding Company, LLC and Hermitage Club, LLC which are being submitted in this involuntary proceeding in connection with the pending Motions to Change Venue. Hermitage Inn Real Estate Holding Company, LLC and Hermitage Club, LLC have filed the attached Schedules in their pending chapter 11 bankruptcy proceedings in the United States Bankruptcy Court, District of Connecticut and continue to seek the transfer of venue of this case to the United States Bankruptcy Court, District of Connecticut.

Hermitage Inn Real Estate Holding Company, LLC
Schedules A/B, D, and E/ F

Fill in this information to identify the case:

Debtor name Hermitage Inn Real Estate Holding Company, LLC

United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT

Case number (if known) 19-20903

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

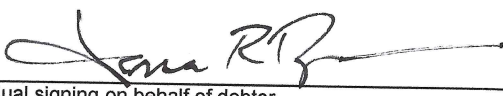
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ Chapter 11 or Chapter 9 Cases: Amended List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

x


Signature of individual signing on behalf of debtor

James R. Barnes

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Hermitage Inn Real Estate Holding Company, LLC**
United States Bankruptcy Court for the: **DISTRICT OF CONNECTICUT**
Case number (if known): **19-20903**

☒ Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Haymaker Investments, LLC c/o Louis Chenevert 8 Atwater Terrace Farmington, CT 06032		100k Club Member / Family Legacy Memberships				\$1,500,000.00
Don Griesdorn 8787 Bay Colony Drive Apt 2002 Naples, FL 34108		Deposit on Real estate				\$1,300,000.00
Lorista Holdings LH VT House, LLC Attn: President or General Mgr 101 N. Plains Industrial Road Building 1B Ste 3 Wallingford, CT 06492		Judgment				\$1,174,560.40
Rob Girschek 40 Joy Street Boston, MA 02114		100k Club Member				\$700,000.00
John & Ioanna Donohue 25 Jennifer Lane New Canaan, CT 06840		Deposit on Unfinished Townhome in Grenoble Way Development				\$670,000.00
IVJMA, LLC - Tanaglia Brothers Attn: President or General Mgr 6805 Atlantic Ave Wildwood, NJ 08260		100k Club Member				\$600,000.00
Robert Rubin 4 Alpine Loop West Dover, VT 05356		100k Club Member Bridge Loan				\$500,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
Name

Case number (if known) **19-20903**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Douglas Hollenbeck 29 Timothy Drive Westerly, RI 02891		100k Club Member, Membership Initiation Fee Redemption Value				\$500,000.00
G2 Capital 535 Boylston Street 11th Floor Attn: President or General Mgr Boston, MA 02116		Advisory Services				\$410,012.33
Dan McLeod 411 Soundview Avenue Stamford, CT 06902		100k Club Member				\$350,000.00
Carmen Martocchio & W Siracusa 151 Bamforth Road Vernon, CT 06066		100k Club Member				\$300,000.00
Marcum LLP Attn: Joseph Ntarelli 555 Long Wharf Drive New Haven, CT 06511		Accounting Services				\$285,158.00
Albert Subbloie 908 Rainbow Trail Orange, CT 06477		Loan				\$275,000.00
Joseph Willen 29 Bluff Point Rd Northport, NY 11768		100k Club Member				\$250,000.00
Steven Albert 17 Frog Rock Road Armonk, NY 10504		100k Club Member				\$200,000.00
Rob Aubin 91 Old Sawmill Road Londonderry, VT 05148		100k Club Member				\$200,000.00
Kevin Siebrecht 8 Whispering Way Brookfield, CT 06804		100k Club Member				\$200,000.00
Dana Nielsen 87 Sunset Dr Weston, MA 02493		100k Club Member				\$200,000.00
Bill Russell 1085 Sasco Hill Rd Fairfield, CT 06824		100k Club Member				\$200,000.00

Debtor Hermitage Inn Real Estate Holding Company, LLC
 Name

Case number (if known) 19-20903

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
8 Stags Leap LLC 400 Beach Drive #2405 Attn: President or General Mgr St Petersburg, FL 33617		Rent				\$161,102.82

Fill in this information to identify the case:

Debtor name Hermitage Inn Real Estate Holding Company, LLC

United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT

Case number (if known) 19-20903

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

6/9/19

x



Signature of individual signing on behalf of debtor

James R. Barnes

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Hermitage Inn Real Estate Holding Company, LLC**United States Bankruptcy Court for the: **DISTRICT OF CONNECTICUT**Case number (if known) **19-20903**☐ Check if this is an amended filing**Official Form 206A/B**
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number3.1. **Berkshire Bank** **Savings** **5475** **\$10.00**3.2. **Berkshire Bank** **Savings** **9492** **\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$10.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment8.1. **Glebe Lease, Town of Wilmington, Vermont** **\$84,000.00**

Debtor Hermitage Inn Real Estate Holding Company, LLC Case number (If known) 19-20903
Name

8.2. Cold Brook Fire District No. 1, Wilmington, Vermont \$1,500,000.00

9. **Total of Part 2.** \$1,584,000.00
Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 160,500.00 - 160,500.00 = \$0.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$0.00
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity: % of ownership		
15.1.	<u>Hermitage DVRE LLC</u>	<u>50</u> %	<u>\$500,000.00</u>
15.2.	<u>Hermitage Club, LLC</u>	<u>100</u> %	<u>\$1.00</u>
15.3.	<u>Hermitage Inn, LLC</u>	<u>100</u> %	<u>\$1.00</u>
15.4.	<u>Hermitage Realty, LLC</u>	<u>100</u> %	<u>\$1.00</u>
15.5.	<u>Deerfield Valley Regional Airport, LLC</u>	<u>100</u> %	<u>\$1.00</u>

Desc

Main Document

Page

10 of 231

Debtor Hermitage Inn Real Estate Holding Company, LLC
NameCase number (If known) 19-20903

15.6.	309 RTE 100 Dover LLC	100	%	\$255,000.00
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16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$755,004.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture (see attached)	\$23,767.48		\$23,767.48
40.	Office fixtures Office fixtures (see attached)	\$827,656.97		\$827,656.97

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$851,424.45

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor **Hermitage Inn Real Estate Holding Company, LLC**

Case number (If known) **19-20903**

Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Other machinery, fixtures, and equipment (see attached)	\$10,188,823.08		\$10,188,823.08

51. Total of Part 8.
Add lines 47 through 50. Copy the total to line 87.

\$10,188,823.08

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor	Hermitage Inn Real Estate Holding Company, LLC			Case number (If known)	19-20903
	Name				
55.1.	Hermitage Inn located at 25 Handle Road, West Dover, Vermont (Assessor Map/Lot: 183.058.12015): a. Hermitage Inn b. Carriage House c. Pond Lot d. Pasture Lot e. Rear/Inn Lot	Fee simple	\$0.00	Appraisal	\$2,683,750.00
55.2.	Snow Goose Inn located at 259 Route 100, West Dover, Vermont (Assessor Map/Lot: 183.058.13354)	Fee simple	\$0.00	Appraisal	\$680,000.00
55.3.	Horizon Inn located at 861 Route 9 East, Wilmington, Vermont (Assessor Map/Lot: 10.03.030.000)	Fee simple	\$0.00	Appraisal	\$510,000.00
55.4.	Nordic Hills Lodge located at 34 Look Road, Wilmington, Vermont (Assessor Map/Lot: 02.04.062.000)	Fee simple	\$0.00	Appraisal	\$510,000.00
55.5.	Hermitage Clubhouse located at 183 Gatehouse Trail, Wilmington, Vermont: a. Hermitage Clubhouse b. Mid Mountain Cabin c. Top Mountain Cabin d. Snowsports Tent e. Maintenance Building f. Mountain Ski/Open Space	Fee simple	\$0.00	Appraisal	\$27,000,000.00

Debtor Hermitage Inn Real Estate Holding Company, LLC Case number (If known) 19-20903
 Name

55.6. **Golf Course located at 70 Spyglass Lane, Wilmington, Vermont (Assessor Map/Lot: 762.242.11593)**
 a. Golf Course
 b. Hitchcock Lots 1-5 (Assessor Map/Lot: 002.03015.300) Fee simple \$0.00 Appraisal \$1,440,000.00

55.7. **Real Estate Development (450 lots) located in Wilmington and Dover, Vermont** Fee simple \$0.00 Appraisal \$11,875,000.00

56. **Total of Part 9.** \$44,698,750.00
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☐ No
☒ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
 Description (include name of obligor)
Mortgage: 4V8, LLC, 69 Airport Road, West Dover and Wilmington, Vermont 2,000,000.00 - 1,000,000.00 = \$1,000,000.00
 Total face amount doubtful or uncollectible amount

Mortgage: Comtuck, LLC, East Track Lots (450 acres), Wilmington, Vermont 500,000.00 - 250,000.00 = \$250,000.00
 Total face amount doubtful or uncollectible amount

<p>Debtor <u>Hermitage Inn Real Estate Holding Company, LLC</u> Name</p>	<p>Case number (If known) <u>19-20903</u></p>
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72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$1,250,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor Hermitage Inn Real Estate Holding Company, LLC Case number (If known) 19-20903
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$10.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,584,000.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$755,004.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$851,424.45</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$10,188,823.08</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$44,698,750.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$1,250,000.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$14,629,261.53</u>	+ 91b. <u>\$44,698,750.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$59,328,011.53</u>

Asset Description	Book ID	Place in	Begin Year	Cost	Cost Basis	Current Run	LTD	YTD	Net Book Value					
		Service Date				Depreciation Amount	Depreciation Amount	Depreciation Amount						
Additional Fit Up Real Estate Additions	BOOK	12/1/2015	\$	18,677.18	\$	18,677.18	\$	-	\$	505.84	\$	-	\$	18,171.34
339 Coldbrook Fit Up	BOOK	7/1/2015	\$	3,274.00	\$	3,274.00	\$	-	\$	122.78	\$	-	\$	3,151.22
massage tables and similar products	BOOK	2/26/2014	\$	2,250.00	\$	2,250.00	\$	-	\$	910.72	\$	-	\$	1,339.28
Doveberry Furniture & Fixtures	BOOK	8/31/2016	\$	1,275.73	\$	1,275.73	\$	127.57	\$	170.09	\$	127.57	\$	1,105.64
Part 7, Line 39 (Office Furniture) Total													\$	23,767.48
Snowgoose Inn Fit Up	BOOK	10/1/2015	\$	815,445.00	\$	815,445.00	\$	-	\$	25,482.66	\$	-	\$	789,962.34
landscaping and sidewwalks - pavers etc	BOOK	7/1/2014	\$	21,000.00	\$	21,000.00	\$	-	\$	3,500.00	\$	-	\$	17,500.00
landscaping and sidewwalks - pavers etc	BOOK	6/1/2014	\$	17,692.71	\$	17,692.71	\$	-	\$	3,047.07	\$	-	\$	14,645.64
wood work for guest coat room	BOOK	10/7/2014	\$	5,387.98	\$	5,387.98	\$	-	\$	1,731.85	\$	-	\$	3,656.13
fireplace	BOOK	6/1/2014	\$	3,000.00	\$	3,000.00	\$	-	\$	1,107.14	\$	-	\$	1,892.86
Part 7, Line 40 (Office Fixtures) Total													\$	827,656.97

Case No. 19-20903

Place in Service

**Current Run
Depreciation**

LTD
Depreciation

**YTD
Depreciation**

Net Book Value

Part 8, Line 50 (Other Machinery) Total \$ 10,188,823.08

Fill in this information to identify the case:

Debtor name Hermitage Inn Real Estate Holding Company, LLCUnited States Bankruptcy Court for the: DISTRICT OF CONNECTICUTCase number (if known) 19-20903☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	A&W Realty LLC Creditor's Name Attn: President or General Mgr 2 Mountain Park Plaza West Dover, VT 05356 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 4V8, LLC; and Comtuck, LLC Describe the lien Pledge of Notes Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$678,028.00	\$1,250,000.00

2.2	Ann Coleman Creditor's Name 437 Maple Drive Whitingham, VT 05361 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$1,597.47	\$44,698,750.00
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Desc Main Document Page 19 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if know) **19-20903**

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

Atomic Professional Audio Inc

Creditor's Name

**Attn President or General Mgr
364A Innovation Drive
North Clarendon, VT 05759**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$71,372.96****\$44,698,750.00**

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

Austin Design Inc.

Creditor's Name

**Attn: President or General Mgr
2 Mead Street
Greenfield, MA 01301**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$18,881.25****\$44,698,750.00**

Describe the lien

Notice of Lien on Real Property

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.5

Barnstormer Summit Lift, LLC

Creditor's Name

**Attn: President or General Mgr
6 Bayberry Lane
Wilton, CT 06897**

Describe debtor's property that is subject to a lien

Schedule A/B, Part 4**\$9,252,753.00****\$755,004.00**

Desc Main Document Page 20 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if know) **19-20903**

Name

Creditor's mailing address

Describe the lien

UCC Financing Statements

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Berkshire Bank**

Creditor's Name

**Attn: President or General
Mgr
1259 E Columbus Ave Ste
301
Springfield, MA 01105**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**55.1 (Hermitage Inn); 55.2 (Snow Goose Inn);
55.3 (Horizon Inn); 55.5 (Hermitage
Clubhouse); 55.6 (Golf Course); and 55.7 Real
Estate Development****\$16,911,583.01****\$44,188,750.00**

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Berkshire Bank**

Creditor's Name

**Attn: President or General
Mgr
1259 E Columbus Ave Ste
301
Springfield, MA 01105**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**55.1 (Hermitage Inn); 55.2 (Snow Goose Inn);
55.3 (Horizon Inn); 55.5 (Hermitage
Clubhouse); 55.6 (Golf Course); and 55.7 Real
Estate Development****\$1,037,500.00****\$44,188,750.00**

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Desc Main Document

Page 21 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if know) **19-20903**

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.8 Berkshire Bank**

Creditor's Name

**Attn: President or General
Mgr
1259 E Columbus Ave Ste
301
Springfield, MA 01105**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**55.1 (Hermitage Inn); 55.2 (Snow Goose Inn);
55.3 (Horizon Inn); 55.5 (Hermitage
Clubhouse); 55.6 (Golf Course); and 55.7 Real
Estate Development****\$986,212.89****\$44,188,750.00**

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 Browns Country Services
LLC**

Creditor's Name

**Attn: Jeffrey C Brown
797 VT Rte 100
Wilmington, VT 05363**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$150,382.86****\$44,698,750.00**

Describe the lien

Notice of Lien on Real Property

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.1
0 BSA Architects, Inc.**

Describe debtor's property that is subject to a lien

\$338,717.81**\$27,000,000.00**

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**

Creditor's Name

**dba Bull Stockwell Allen
Attn: President or General
Mgr
300 Montgomery Street Ste
1135
San Francisco, CA 94104**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Schedule A/B, Part 9

Describe the lien

Mechanics Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.1
1**Carol H. Butler Trust**

Creditor's Name

**c/o Pamela Keefe, Trustee
241 White Oak Shade Road
New Canaan, CT 06840**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$1,092,993.16**\$44,698,750.00**

Describe the lien

Writ of Attachment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
2**Charles Collins & Ana
Cladera**

Creditor's Name

**20 Prospect Avenue
Larchmont, NY 10538**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$1,107,192.00**\$44,698,750.00**

Describe the lien

Judgment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.1
3 **Coldbrook Fire District No. 1**

Creditor's Name

**Attn: President or General Mgr
18 Coldbrook Road
Wilmington, VT 05363-9624**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien
55.5 (Hermitage Clubhouse)**\$255.42****\$27,000,000.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
4 **Craig Doersch Painting, LLC**

Creditor's Name

**Attn President or General Mgr
9 King Phillip Trail
Sandy Hook, CT 06482**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien
Schedule A/B, Part 9**\$76,834.00****\$44,698,750.00**

Describe the lien

Notice of Lien on Real Property

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
5 **Dan and John Lane**

Describe debtor's property that is subject to a lien

\$23,309.29**\$44,698,750.00**

Desc

Main Document

Page

24 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

Creditor's Name

**dba Lane
Plumbing&Heating Inc
10 Adams Drive
Wilmington, VT 05363**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Schedule A/B, Part 9

Describe the lien

Notice of Mechanics Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
6

Dan Solaz

Creditor's Name

**72 Limerick Road
Trumbull, CT 06611**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$320,917.16

\$27,000,000.00

Describe the lien

Judgment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
7

David Manning Inc

Creditor's Name

**Attn President or General
Mgr
103 Frost Place
Brattleboro, VT 05302**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$31,212.00

\$44,698,750.00

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Desc Main Document Page 25 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if know) **19-20903**

Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
8**Donald Jabro**

Creditor's Name

**27 Brimmer St #3
Boston, MA 02108**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

55.7 (Real Estate Development)**\$450,000.00****\$11,875,000.00**

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.1
9**Fisher and Fisher Law
Offices**

Creditor's Name

**Attn: Robert Fisher
PO Box 621
Brattleboro, VT 05302**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

55.4 (Nordic Hills Lodge)**\$143,727.72****\$510,000.00**

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
0**Fred H. Hamblet, LLC**

Describe debtor's property that is subject to a lien

\$1.00**\$44,698,750.00**

Desc Main Document

Page 26 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**

Creditor's Name

**Attn: President or General
Mgr
29 Victoria Street
Keene, NH 03431**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Schedule A/B, Part 9

Describe the lien

Notice of Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
1**Gordon Bristol Consulting**

Creditor's Name

**Attn President or General
Mgr
279 Sunset Lake Rd
Williamsville, VT 05362**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$36,800.58**\$44,698,750.00**

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
2**Green Mountain Power**

Creditor's Name

**Attn: President or General
Mgr
163 Acorn Lane
Colchester, VT 05446**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$257,628.11**\$44,698,750.00**

Describe the lien

Writ of Attachment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No

Debtor	Hermitage Inn Real Estate Holding Company, LLC	Case number (if know)	19-20903
	Name		

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
3

Greenfield Glass Company

Creditor's Name

Attn President or General
Mgr
52 River Street
Greenfield, MA 01301

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$4,928.88

\$44,698,750.00

Describe the lien

Notice of Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
4

Grenoble Group

Creditor's Name

aka RTM Capital Partners
Inc
c/o Langrock Sperry &
Wool LLP
210 College Street
Burlington, VT 05402

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$2,080,527.00

\$44,698,750.00

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Debtor **Hermitage Inn Real Estate Holding Company, LLC** Case number (if know) **19-20903**

Name

2.2 5	Harrington Engineering Inc. Creditor's Name Attn President or General Mgr 7868 Pomfret Road North Pomfret, VT 05053 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$37,692.60 \$44,698,750.00
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2.2 6	International Financial Services Corporation Creditor's Name Attn: President or General Mgr 1113S Milwaukee Ave Ste 301 Libertyville, IL 60048 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Schedule A/B, Part 4 Describe the lien UCC Financing Statements Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00 \$755,004.00
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2.2 7	Iron Horse Standing Seam Roofi Creditor's Name Co aka Iron Horse Roofing Co Attn: President or General Mgr PO Box 221, 1350 Route 11 Londonderry, VT 05148 Creditor's mailing address	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien	\$25,631.11 \$44,698,750.00
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Debtor **Hermitage Inn Real Estate Holding Company, LLC**
Name

Case number (if know) **19-20903**

Preliminary Lien Notice on Real Property

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.2 Joyce Land Surveying Corp

Creditor's Name

Attn: Benjamin A Joyce
37 Atherton Road
Wilmington, VT 05363

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$1.00

\$44,698,750.00

Schedule A/B, Part 9

Describe the lien

Notice of Contractors Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.2 Key Drilling & Blasting Svcs

Creditor's Name

Attn President or General Mgr
14 Trowbridge Road
Keene, NH 03431

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

\$66,600.00

\$44,698,750.00

Schedule A/B, Part 9

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Desc Main Document Page 30 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if know) **19-20903**

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☒ Disputed2.3
0**Lakeland Bank**

Creditor's Name

**Attn: President or General
Mgr
166 Changebridge Road
Montville, NJ 07045**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 4**\$674,435.52****\$755,004.00**

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3
1**Macrolease Corporation**

Creditor's Name

**Attn President or General
Mgr
185 Express Street Ste 100
Plainview, NY 11803**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 4**\$7,015.00****\$755,004.00**

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3
2**Manchester Carpet Care
Inc.**

Describe debtor's property that is subject to a lien

\$39,875.09**\$44,698,750.00**

Desc

Main Document

Page

31 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

Creditor's Name

**Attn President or General
Mgr
6 Manchester Valley Road
Manchester Center, VT
05255**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Schedule A/B, Part 9

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed
2.3
3

Metropolitan Golf Assn

Creditor's Name

**Attn: President or General
Mgr
28 VT ROUTE 110
SOUTH ROYALTON, VT
05068**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

Describe the lien

Judgment Order

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

\$50,358.84

\$44,698,750.00

2.3
4

Michael Fayette

Creditor's Name

**dba MFayette Carpentry,
LLC
284 Route 100
West Dover, VT 05356**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

Describe the lien

Notice of Mechanics Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

\$12,703.34

\$44,698,750.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**

Is anyone else liable on this claim?

Date debt was incurred

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3
5 **Mountain Glass and Lock Corp**

Creditor's Name

Attn President or General Mgr
57 Jackson Ave
Rutland, VT 05701

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$39,199.50****\$44,698,750.00**

Describe the lien

Stipulated Writ of Attachment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3
6 **MR Steel Acquisition Corp.**

Creditor's Name

dba Ameri-Fab
Attn President or General Mgr
4100 W Glenrosa Ave
Phoenix, AZ 85019

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$58,750.00****\$44,698,750.00**

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor	Desc	Main Document	Page	33 of 231
Hermitage Inn Real Estate Holding Company, LLC			Case number (if know)	19-20903
Name				

2.3 7	Nordic Valley Properties LLC Creditor's Name Attn: President or General Mgr 34 Look Road Wilmington, VT 05363 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1.00	\$0.00
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2.3 8	Northern Building Supplies, Inc Creditor's Name Attn: President or General Mgr 7 Loop Road Newfane, VT 05345 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$151,744.44	\$44,698,750.00
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2.3 9	Pioneer Timber Frames LLC Creditor's Name Attn President or General Mgr PO Box 1057 Wilmington, VT 05363 Creditor's mailing address	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Notice of Lien on Real Property Is the creditor an insider or related party? <input checked="" type="checkbox"/> No	\$16,520.00	\$44,698,750.00
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Desc

Main Document

Page

34 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

Last 4 digits of account number

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.4
0**PJB Home Center, Inc.**

Creditor's Name

**Perkins Home Center
Attn President or General
Mgr
PO Box 430
West Chesterfield, NH
03466**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$30,645.19****\$44,698,750.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Notice of Mechanics Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.4
1**PJB Home Center, Inc.**

Creditor's Name

**Perkins Home Center
Attn President or General
Mgr
PO Box 430
West Chesterfield, NH
03466**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$7,556.11****\$44,698,750.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe the lien

Contractor's Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Desc Main Document Page 35 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if know) **19-20903**

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed2.4
2**Plimpton Excavating LLC**

Creditor's Name

**Attn President or General
Mgr
496 East Hill Road
Wardsboro, VT 05355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$34,145.00****\$44,698,750.00**

Describe the lien

Order on Mechanics Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.4
3**RCN Capital LLC, ATIMA**

Creditor's Name

**Attn: President or General
Mgr
75 Gerber Road East
South Windsor, CT 06074**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 4**\$1.00****\$755,004.00**

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.4
4**Reinhart Equipment**

Describe debtor's property that is subject to a lien

\$1,587,450.00**\$44,698,750.00**

Debtor **Hermitage Inn Real Estate Holding Company, LLC** Case number (if know) **19-20903**

Creditor's Name

**Attn President or General
Mgr
32 Thompson Drive
Essex Junction, VT 05452**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Schedule A/B, Part 9

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.4
5

Reinhart Foodservice, LLC

Creditor's Name

**Attn: President or General
Mgr
6250 N River Rd Ste 9000
Des Plaines, IL 60018**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$1,587,448.10

\$44,698,750.00

Describe the lien

Writ of Attachment and UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.4
6Seth and Jennifer
Goodman

Creditor's Name

**65 Pendleton Lane
Longmeadow, MA 01106**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$986,495.21

\$44,698,750.00

Describe the lien

Writ of Attachment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No

Desc

Main Document

Page

37 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.4
7

Southworth Electrical Inc

Creditor's Name

Attn President or General
Mgr

PO Box 20

West Wardsboro, VT 05360

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$53,053.45

\$44,698,750.00

Describe the lien

Memorandum of Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.4
8

Sprung Structures

Creditor's Name

Attn: President or General
Mgr

5000 Tilghman Street Ste

155

Allentown, PA 18104

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 4

\$61,446.00

\$755,004.00

Describe the lien

Alleged Lien on Equipment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**

2.4 9	Squire Capital Creditor's Name c/o Dan Proscia 5 Yarmouth Drive Chatham, NJ 07928 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Schedule A/B, Part 4 Describe the lien Equipment lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$55,000.00 \$755,004.00
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2.5 0	Stephen Kunkle Creditor's Name dba Stephen Kunkle Carpentry 98 Forrett Drive Vernon, VT 05354 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Writ of Attachment and Order of Approval Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,970.00 \$44,698,750.00
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2.5 1	SVT Masonry Incorporated Creditor's Name Attn: President or General Mgr 1185 Glasenbury Road Shaftsbury, VT 05262 Creditor's mailing address Creditor's email address, if known	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Judgment Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim?	\$89,450.00 \$44,698,750.00
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Desc Main Document Page 39 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**

Date debt was incurred

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.5
2**Swan Electric, Inc.**

Creditor's Name

**Attn President or General
Mgr
18 Coldbrook Rd
Wilmington, VT 05363**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$55,922.28****\$44,698,750.00**

Describe the lien

Notice of Contractor's Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.5
3**Sysco Albany, LLC**

Creditor's Name

**Attn: President or General
Mgr
One Liebich Lane
Clifton Park, NY 12065**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$14,460.28****\$44,698,750.00**

Describe the lien

Judgment Order

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Case number (if know) **19-20903**

2.5 6	Thomas Whit & Eliz Armstrong Creditor's Name c/o Gravel & Shea PC 76 St. Paul Street, 7th Floor Burlington, VT 05401 Creditor's mailing address Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien Schedule A/B, Part 9 Describe the lien Writ of Attachment and Order of Approval Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No	\$148,242.00	\$44,698,750.00
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Desc

Main Document

Page

41 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.5
7

Trinity Engineering &

Creditor's Name

Technical Services LLC
Attn President or General
Mgr
751 Main Road
Stamford, VT 05352

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$13,557.75

\$44,698,750.00

Describe the lien

Notice of Mechanics Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.5
8

Trinity Engineering &

Creditor's Name

Technical Services LLC
Attn President or General
Mgr
751 Main Road
Stamford, VT 05352

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$9,743.65

\$44,698,750.00

Describe the lien

Notice of Mechanics Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Desc

Main Document

Page

42 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

2.5
9**Triple T Trucking**

Creditor's Name

**Attn: President or General
Mgr
437 Vernon Street
Brattleboro, VT 05301**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$34,634.31****\$44,698,750.00**

Describe the lien

Mechanic's Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.6
0**TRUE WORLD FOODS**

Creditor's Name

**Attn: President or General
Mgr
22 Food Mart Road
Boston, MA 02118**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$10,790.58****\$44,698,750.00**

Describe the lien

Order

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.6
1**Tyler and Rose Dickson**

Creditor's Name

**9 Hunter Lane
Rye, NY 10580**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9**\$1,005,000.00****\$44,698,750.00**

Describe the lien

Writ of Attachment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

Desc Main Document Page 43 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if know) **19-20903**

Date debt was incurred

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.6
2 Vareschi Plumbing & Heating

Creditor's Name

Attn President or General
Mgr
1151 Massachusetts
North Adams, MA 01247

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$15,220.00

\$44,698,750.00

Describe the lien

Notice of Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.6
3 Vermont Department of Tax

Creditor's Name

133 State Street
Montpelier, VT 05633

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$1,286,000.00

\$44,698,750.00

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.6
4 W&W Building Supply

Describe debtor's property that is subject to a lien

\$121,999.00

\$44,698,750.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC** Case number (if know) **19-20903**

Creditor's Name

**Attn: President or General
Mgr
434 Rte 100
Wilmington, VT 05363**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Schedule A/B, Part 9

Describe the lien

Statutory Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed2.6
5

Walker Kimball

Creditor's Name

**200 Mending Walls Road
Manchester Center, VT
05255**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$1,585,604.00

\$44,698,750.00

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.6
6Western Equipment
Finance, Inc

Creditor's Name

**Attn: President or General
Mgr
503 HIGHWAY 2 WEST
Devils Lake, ND 58301**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

Schedule A/B, Part 4

\$2,788.60

\$755,004.00

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Desc

Main Document

Page

45 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if know)

19-20903

Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.6
7

Windham Architectural Metals

Creditor's Name

Attn President or General Mgr

86 Brook Street
Whitingham, VT 05361

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Schedule A/B, Part 9

\$16,209.16

\$27,000,000.00

Describe the lien

Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$46,537,965.
68**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Barnstormer Summit Lift, LLC
c/o Zeisler & Zeisler
10 Middle Street, 15th Floor
Bridgeport, CT 06604Line 2.5

Fill in this information to identify the case:

Debtor name **Hermitage Inn Real Estate Holding Company, LLC**United States Bankruptcy Court for the: **DISTRICT OF CONNECTICUT**Case number (if known) **19-20903**☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Central Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.00 \$0.00
2.2	Priority creditor's name and mailing address Town of Dover Attn: Tax Collector PO Box 527 West Dover, VT 05356-0527 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00 \$1.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC** Case number (if known) **19-20903**

2.3	Priority creditor's name and mailing address Town of Wilmington Attn: Tax Collector Wilmington Town Hall 2 East Main Street Wilmington, VT 05363	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address US Dept of Labor The Curtis Center Ste 850 West 170 S. Independence Mall West Philadelphia, PA 19106-3323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70,639.97	\$70,639.97
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____	Basis for the claim: H2B Employee Fines Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 8 Stags Leap LLC 400 Beach Drive #2405 Attn: President or General Mgr St Petersburg, FL 33617	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$161,102.82
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address Aaron Kehoe 325 North End Avenue Apt 22B New York, NY 10282	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100,000.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address Adrian & Nikki Hamburger 15 Bridgette Westerly, RI 02891	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100,000.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.4	Nonpriority creditor's name and mailing address AFCO 5600 North River Road Ste 400 Attn: President or General Mgr Rosemont, IL 60018-5187 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Premium Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,227.13
3.5	Nonpriority creditor's name and mailing address Alan & Diane Kurzer 17 Smith Farm Road Bedford, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.6	Nonpriority creditor's name and mailing address Albert Subbloie 908 Rainbow Trail Orange, CT 06477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.7	Nonpriority creditor's name and mailing address Albert Subbloie 908 Rainbow Trail Orange, CT 06477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275,000.00
3.8	Nonpriority creditor's name and mailing address Alex Hammett 318 West 71st St Apt 1 New York, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.9	Nonpriority creditor's name and mailing address Alexandric & Kim Ho 20 Parkerville Rd Southborough, MA 01772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.10	Nonpriority creditor's name and mailing address Andrea & David Hekemian 91 Fox Hedge Road Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.11	Nonpriority creditor's name and mailing address Andrew & Yvonne Rebak 830 Seneca Road Franklin Lakes, NJ 07417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.12	Nonpriority creditor's name and mailing address Anthony & Nicole Graziano 42 Deep Run Cohasset, MA 02025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.13	Nonpriority creditor's name and mailing address Arpad & Madeleine Fejos 69 Broadfield Rd Hamden, CT 06517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.14	Nonpriority creditor's name and mailing address ASSURANCE AGENCY, LTD. P O BOX 5653 Attn: President or General Mgr CAROL STREAM, IL 60197-5653 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.15	Nonpriority creditor's name and mailing address Austin Design Inc. Attn: President or General Mgr 2 Mead Street Greenfield, MA 01301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,881.25
3.16	Nonpriority creditor's name and mailing address Barry & Jill Goldberg 82 Four Mile Road West Hartford, CT 06107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.17	Nonpriority creditor's name and mailing address Barry & Joy Schwartz 118 Dogwood Court Stamford, CT 06903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.18	Nonpriority creditor's name and mailing address Becky Esposito 11 Birch Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.19	Nonpriority creditor's name and mailing address Benjamin Willemstyn 11 Hasler Lane Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.20	Nonpriority creditor's name and mailing address Betsy & Dan Vogel Friedman 240 Gregory Rd Franklin Lakes, NJ 07417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.21	Nonpriority creditor's name and mailing address Bettina & Douglas Bosma 59 Wrights Mill Rd Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.22	Nonpriority creditor's name and mailing address Bill & Ali Charon 17 2nd Avenue, nue Bayville, NY 11709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.23	Nonpriority creditor's name and mailing address Bill & Joyce Allen 31 Aunt Pattys Lane, Bethel, CT 06801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.24	Nonpriority creditor's name and mailing address Bill & Yvonne Deakins 144 Washington Avenue Dobbs Ferry, NY 10522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.25	Nonpriority creditor's name and mailing address Bill and Tatiana Geist 933 Tryon St South Glastonbury, CT 06073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100K Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.26	Nonpriority creditor's name and mailing address Bill Russell 1085 Sasco Hill Rd Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.27	Nonpriority creditor's name and mailing address Bob Fisher 535 Shearer Hill Rd Brattleboro, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.28	Nonpriority creditor's name and mailing address Bradley & Amy Morris 71 Woodford Hill Dr Avon, CT 06081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.29	Nonpriority creditor's name and mailing address Brian & Allison Lorber 6 Rolling Hill Rd Old Westbury, NY 11568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.30	Nonpriority creditor's name and mailing address Brian Costello 5 Nolen Lane, Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.31	Nonpriority creditor's name and mailing address Bryan & Barbara Rosen 40 Vanderbilt Rd Manhasset, NY 11030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.32	Nonpriority creditor's name and mailing address Carina Calia 4 Deer Park Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.33	Nonpriority creditor's name and mailing address Carl Ferenbach 2 Commonwealth Avenue Boston, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.34	Nonpriority creditor's name and mailing address Carmen Martocchio & W Siracusa 151 Bamforth Road Vernon, CT 06066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
3.35	Nonpriority creditor's name and mailing address Carter & Anne Sullivan 434 Mansfield Avenue Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.36	Nonpriority creditor's name and mailing address CHAMONIX STAG'S LEAP HOA C/O TPW MANAGEMENT LLC PO BOX 60666 Attn: President or General Mgr PHOENIX, AZ 85082-0666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Developer Home owner association</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,065.75
3.37	Nonpriority creditor's name and mailing address Charles & Sheri Daknis 34 Rivers Edge Drive Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
3.38	Nonpriority creditor's name and mailing address Charles Collins 20 Prospect Avenue Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.39	Nonpriority creditor's name and mailing address Cheryl LaFlamme 126 Whites Rd PO Box 1044 Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.40	Nonpriority creditor's name and mailing address Chip Wood 95 Cayuga Avenue Oceanport, NJ 07757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.41	Nonpriority creditor's name and mailing address Chris & Ellen Nakatani 161 Grand St Apt 4A New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.42	Nonpriority creditor's name and mailing address Chris & Jill Drury 133 West 17th PHC New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.43	Nonpriority creditor's name and mailing address Christopher & Beth Ann Perrone 23 Wallace St PH1 Red Bank, NJ 07701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.44	Nonpriority creditor's name and mailing address Christopher & Paula Pink 186 E 93rd St New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.45	Nonpriority creditor's name and mailing address Christopher & Sharon Neuner 166 Washington Avenue Chatham, NJ 07928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.46	Nonpriority creditor's name and mailing address Christopher Croft 60 E 96th St 4E New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.47	Nonpriority creditor's name and mailing address Cincinnati Insurance PO Box 145620 Attn: President or General Mgr Cincinnati, OH 45250-5620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commercial Package Insurance Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,603.00
3.48	Nonpriority creditor's name and mailing address Coldbrook Fire District No. 1 Attn: President or General Mgr 18 Coldbrook Road Wilmington, VT 05363-9624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Water and Sewer District Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,315.46
3.49	Nonpriority creditor's name and mailing address Commonwealth Financial Group 35 Overlook Drive Attn: President or General Mgr Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.50	Nonpriority creditor's name and mailing address Craig Doersch 9 King Philip Tr Sandy Hook, CT 06482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.51	Nonpriority creditor's name and mailing address Dan & Karen Proscia 5 Yarmouth Dr Chatham, NJ 07928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.52	Nonpriority creditor's name and mailing address Dan & Stacy Weinstein 31 Mockingbird Lane Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.53	Nonpriority creditor's name and mailing address Dan McLeod 411 Soundview Avenue Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350,000.00
3.54	Nonpriority creditor's name and mailing address Dana Nielsen 87 Sunset Dr Weston, MA 02493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.55	Nonpriority creditor's name and mailing address Daniel & Jeannine Thomasch 21 Pen Mor Drive Muttontown, NY 11732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.56	Nonpriority creditor's name and mailing address Dave Otfinoski 49 Parkers Point Chester, CT 06412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.57	Nonpriority creditor's name and mailing address David & James Green Taylor 175 Milton St #7 Milton, MA 02186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.58	Nonpriority creditor's name and mailing address David Bliss 58 Compo Mill Cove Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.59	Nonpriority creditor's name and mailing address David Cameron 2 Sequan Road Watch Hill, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**Case number (if known) **19-20903**

Name

3.60	Nonpriority creditor's name and mailing address David Cohen 410 Hidden Valley Ct Wyckoff, NJ 07481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.61	Nonpriority creditor's name and mailing address David Koch 148 Weeburn Drive New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.62	Nonpriority creditor's name and mailing address David Marks 779 Prospect Avenue West Hartford, CT 06105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.63	Nonpriority creditor's name and mailing address David Mercier 32 Horizon Lane Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.64	Nonpriority creditor's name and mailing address Debra Malloy 11 Upper Highlands Loop PO Box 2172 West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.65	Nonpriority creditor's name and mailing address DECORATIVE INTERIORS 4566 MAIN Street Attn: President or General Mgr MANCHESTER CENTER, VT 05255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Furniture</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,175.45
3.66	Nonpriority creditor's name and mailing address Deidre Kimble 10 Stafford Place White Plains, NY 10604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.67	Nonpriority creditor's name and mailing address Dennis & Tarah Bellamy 17 Main St Vernon, CT 06066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.68	Nonpriority creditor's name and mailing address Dennis Stanek 1A Gleneagles Dr Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.69	Nonpriority creditor's name and mailing address Derek & Stacey Tietjen 21 Vista Dr Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.70	Nonpriority creditor's name and mailing address Diane McCormick 24 Bourne Avenue Sandwich, MA 02563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.71	Nonpriority creditor's name and mailing address Don Griesdorn 8787 Bay Colony Drive Apt 2002 Naples, FL 34108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit on Real estate</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300,000.00
3.72	Nonpriority creditor's name and mailing address Donald Jabro 27 Brimmer St #3 Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.73	Nonpriority creditor's name and mailing address Douglas Hollenbeck 29 Timothy Drive Westerly, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00

Desc

Main Document

Page

58 of 231

Debtor

Hermitage Inn Real Estate Holding Company, LLC

Case number (if known)

19-20903

Name

3.74	Nonpriority creditor's name and mailing address Douglas Long 18 White Tail Way Littleton, MA 01460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.75	Nonpriority creditor's name and mailing address DUNCAN CABLE TV PO Box 685 Attn: President or General Mgr WILMINGTON, VT 05363-0685 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet service provider fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,538.45
3.76	Nonpriority creditor's name and mailing address Dwight Long 363 King St Littleton, MA 01460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.77	Nonpriority creditor's name and mailing address Elliot Cooperstone 6 Marvin Place Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.78	Nonpriority creditor's name and mailing address EPHRAIM MOUNTAIN FARM 400 DUTTON DISTRICT Road Attn: President or General Mgr SPRINGFIELD, VT 05156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492.00
3.79	Nonpriority creditor's name and mailing address Eric Roemer 49 Birch Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.80	Nonpriority creditor's name and mailing address EXXON PO BOX 78001 Attn: President or General Mgr PHOENIX, AZ 85062-8001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Gas Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,024.64

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.81	Nonpriority creditor's name and mailing address Frank Cotrona 5 Laurelwood Dr Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.82	Nonpriority creditor's name and mailing address Fred & Susan Pazmino 185 S County Rd Leyden, MA 01301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.83	Nonpriority creditor's name and mailing address G2 Capital 535 Boylston Street 11th Floor Attn: President or General Mgr Boston, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advisory Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$410,012.33
3.84	Nonpriority creditor's name and mailing address Garold Miller 4 Mohawk Dr West Hartford, CT 06117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.85	Nonpriority creditor's name and mailing address Gary Rothschild 141 Loring Avenue Pelham, NY 10803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.86	Nonpriority creditor's name and mailing address Greg Rosen 170 East End Avenue, Apt 8D New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.87	Nonpriority creditor's name and mailing address Gregg Clark 8 Willowmere Avenue Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.88	Nonpriority creditor's name and mailing address Haymaker Investments, LLC c/o Louis Chenevert 8 Atwater Terrace Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member / Family Legacy Memberships</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89	Nonpriority creditor's name and mailing address Howard Kotkin 8 Baileys Mill Rd Basking Ridge, NJ 07920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90	Nonpriority creditor's name and mailing address HUTTER CONSTRUCTION CORPORATION 810 TURNPIKE Road Rte 124 POBOX 257 Attn: President or General Mgr NEW IPSWICH, NH 03071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,231.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction Quotes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91	Nonpriority creditor's name and mailing address Ian Dilts 7 Woods End Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92	Nonpriority creditor's name and mailing address IVJMA, LLC - Tanaglia Brothers Attn: President or General Mgr 6805 Atlantic Ave Wildwood, NJ 08260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$600,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address Jack Murphy 140 Stoneleigh Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address James R Barnes 2009 Irrev GRAT John DeNegro, Esq. 71 Nook Farms Road Windsor, CT 06095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,200,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.95	Nonpriority creditor's name and mailing address James R. Barnes 145 Deercliff Road Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500,000.00
3.96	Nonpriority creditor's name and mailing address James R. Barnes 145 Deercliff Road Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages Earned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925,000.00
3.97	Nonpriority creditor's name and mailing address James R. Barnes 145 Deercliff Road Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Subordinated Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,457,262.00
3.98	Nonpriority creditor's name and mailing address James Winiarski 115 Drumlin Hill Rd Bolton, MA 01740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.99	Nonpriority creditor's name and mailing address Jan Linhart 7 Orchard Dr Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.100	Nonpriority creditor's name and mailing address Jaroslaw Kalecinski 4 Viewpoint Rd Ellington, CT 06029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.101	Nonpriority creditor's name and mailing address Jason Barnett 48 Arasley Avenue West Irvington, NY 10533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.102	Nonpriority creditor's name and mailing address Jason Gies 64 Knollwood Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.103	Nonpriority creditor's name and mailing address Jeff & Jill Bornstein 174 Branchville Road Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.104	Nonpriority creditor's name and mailing address Jeff Koslowsky 6 Brookline Rd Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.105	Nonpriority creditor's name and mailing address Jeremiah O'Dwyer 85 Bayberry Hill Road Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.106	Nonpriority creditor's name and mailing address Jeremy C. Powers c/o Jess T Schwidde, Esq. PO Box 28 Rutland, VT 05702-0028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit - Wedding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,079.75
3.107	Nonpriority creditor's name and mailing address Jim & Emily Boshart 296 Mountain Avenue Ridgewood, NJ 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.108	Nonpriority creditor's name and mailing address Jim Ryan P O Box 663 Bondville, VT 05340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.109	Nonpriority creditor's name and mailing address Joe Pastore 86 Peaceable St Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.110	Nonpriority creditor's name and mailing address Joel Koral 253 Woodlands Drive Tuxedo Park, NY 10987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.111	Nonpriority creditor's name and mailing address Johannes Boeckmann 140 Davis Street Hamden, CT 06517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.112	Nonpriority creditor's name and mailing address John & Crista Gannon 68 Hall Rd Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.113	Nonpriority creditor's name and mailing address John & Ioanna Donohue 25 Jennifer Lane New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit on Unfinished Townhome in Grenoble Way Development</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$670,000.00
3.114	Nonpriority creditor's name and mailing address John & Theresa Curran 1 Captain Copeland Rd East Dover, VT 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.115	Nonpriority creditor's name and mailing address John Arege 17 Paag Lane Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.116	Nonpriority creditor's name and mailing address John Doyle 224 Hamilton Rd Ridgewood, NJ 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.117	Nonpriority creditor's name and mailing address John Fitzgerald 36 Kane Avenue Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.118	Nonpriority creditor's name and mailing address John Heneghan 14 Hewlett Avenue Point Lookout, NY 11569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.119	Nonpriority creditor's name and mailing address John Maher 82 Whipstick Rd Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.120	Nonpriority creditor's name and mailing address John Maraganore 49 Constellation Warf Charlestown, MA 02129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.121	Nonpriority creditor's name and mailing address John Nesland 400 Beechwood Road Ridgewood, NJ 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.122	Nonpriority creditor's name and mailing address John Visgilio 6 Whitman Lane Old Lyme, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.123	Nonpriority creditor's name and mailing address Jon & Kate Kaplan 280 Hollow Tree Ridge Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.124	Nonpriority creditor's name and mailing address Jonathan Chason 16 Huckleberry Road Hopkinton, MA 01748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.125	Nonpriority creditor's name and mailing address Jonathan Cody 131 Thayer Pond Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.126	Nonpriority creditor's name and mailing address Joseph Busuttill 19 Hunting Hollow Ct Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.127	Nonpriority creditor's name and mailing address Joseph Conti 76 Marlborough Road Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.128	Nonpriority creditor's name and mailing address Joseph Willen 29 Bluff Point Rd Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00
3.129	Nonpriority creditor's name and mailing address Justine Robertson 7 Gull Point Monmouth Beach, NJ 07750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.130	Nonpriority creditor's name and mailing address KENLAN, A. JAY, ESQ., PLLC 25 WASHINGTON Street Attn: President or General Mgr RUTLAND, VT 05701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Permitting Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,807.54
3.131	Nonpriority creditor's name and mailing address Kenneth Corriveau 15 Old Orchard Road Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.132	Nonpriority creditor's name and mailing address Kevin Heneghan 14 Hewlett Avenue Point Lookout, NY 11569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.133	Nonpriority creditor's name and mailing address Kevin Siebrecht 8 Whispering Way Brookfield, CT 06804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.134	Nonpriority creditor's name and mailing address Kimberly & Bob Anderson 335 West Beach Rd Charlestown, RI 02813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.135	Nonpriority creditor's name and mailing address KraftCPA's PLLC 555 Great Circle Road Attn: President or General Mgr Nashville, TN 37228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax preparation services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,027.03
3.136	Nonpriority creditor's name and mailing address Laurence Russian 39 Keofferam Road Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.137	Nonpriority creditor's name and mailing address Law Offcs of John Del Negro 71 Nook Farms Road Attn: John Del Negro, Esq. Windsor, CT 06106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,036.00
3.138	Nonpriority creditor's name and mailing address Lawrence Hesse 356 West Lake Avenue Bay Head, NJ 08742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.139	Nonpriority creditor's name and mailing address Lawrence Kingsley 5 Pine Island Rd Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.140	Nonpriority creditor's name and mailing address Len Kunin 149 Emery Dr Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.141	Nonpriority creditor's name and mailing address LH VT House, LLC Attn: President or General Mgr 101 N. Plains Industrial Road Building 1B Ste 3 Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,174,560.40
3.142	Nonpriority creditor's name and mailing address Linda Goddard 18 Hemlock Drive Essex, CT 06426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.143	Nonpriority creditor's name and mailing address Lisa Yurko 51 Crafts Road Carmel, NY 10512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.144	Nonpriority creditor's name and mailing address Lorista Holdings Attn: President or General Mgr 101 N. Plains Industrial Road Building 1B Ste 3 Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,174,560.40
3.145	Nonpriority creditor's name and mailing address Lou Garcia 128 West Hills Road New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.146	Nonpriority creditor's name and mailing address Lucas Turton 32 Rutland St 1R Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.147	Nonpriority creditor's name and mailing address Luke Walsh 65 Edgewater Drive Wilton, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.148	Nonpriority creditor's name and mailing address Mag Hassan 436 Frogtown Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.149	Nonpriority creditor's name and mailing address Makiaris Media Services 101 Centerpoint Dr SUITE 101 Attn: President or General Mgr Middletown, CT 06457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,177.00
3.150	Nonpriority creditor's name and mailing address Mansfield Hotel & Spa 5800 St Denis Suite 402 Montreal QC H2S 3L5 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,667.23

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.151	Nonpriority creditor's name and mailing address Marcum LLP Attn: Joseph Natarelli 555 Long Wharf Drive New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285,158.00
3.152	Nonpriority creditor's name and mailing address Mark & Karen Amanti PO Box 1325 East Otis, MA 01029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.153	Nonpriority creditor's name and mailing address Mark Buschmann 359 Dan's Hwy New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.154	Nonpriority creditor's name and mailing address Mark Shafir & Hillary Shafer 113 East 90th Street New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.155	Nonpriority creditor's name and mailing address Mary Anne Stets 369 Taugwonk Road Stonington, CT 06378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.156	Nonpriority creditor's name and mailing address MassDOT EZDriveMA Pymt Processing Ctr PO BOX 847840 Attn: President or General Mgr Boston, MA 02241-7448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.80
3.157	Nonpriority creditor's name and mailing address Matthew Stepanski 19 Conover Lane Rumson, NJ 07760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.158	Nonpriority creditor's name and mailing address McCluskey, John & Co. P.C. ROUTE 100 P O BOX 188 Attn: President or General Mgr WEST DOVER, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
3.159	Nonpriority creditor's name and mailing address Michael & Ann Quattrochi 26 Bentley Lane Syosset, NY 11791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.160	Nonpriority creditor's name and mailing address Michael & Kara Lech 26-2 Cove Road Lyme, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.161	Nonpriority creditor's name and mailing address Michael & Noemi Radziemski 633 North Broadway Nyack, NY 10960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.162	Nonpriority creditor's name and mailing address Michael Posillico 1750 New Highway Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.163	Nonpriority creditor's name and mailing address Mike & Lourdes Culnen 32 School House Lane, Morristown, NJ 07960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.164	Nonpriority creditor's name and mailing address Mike Quinn 745 Magic Circle Londenderry, VT 05148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.165	Nonpriority creditor's name and mailing address Mike Slomsky 9 Boulder Trail Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.166	Nonpriority creditor's name and mailing address Mike Tokarz 2525 Purchase St Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.167	Nonpriority creditor's name and mailing address Murtha Cullina LLP Attn: Edward B. Whittemore 185 Asylum Street, 29th Floor Hartford, CT 06103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees - Financial Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,885.75
3.168	Nonpriority creditor's name and mailing address Nancy Morris 137 Remington Road Manhasset, NY 11030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.169	Nonpriority creditor's name and mailing address Neil Blumenthal 37 West 12th Street, Apt 8J New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.170	Nonpriority creditor's name and mailing address Nick & Kat Beevers 751 Lake Ave Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.171	Nonpriority creditor's name and mailing address Nick Botta 28 Warewoods Road Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.172	Nonpriority creditor's name and mailing address Noah Goodman 90 Crestview Cir Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Membership Resignation - On Wait List, 100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.173	Nonpriority creditor's name and mailing address NORTHBRANCH FIRE DIST #1 78 DOOR FITCH Road Attn: President or General Mgr WEST DOVER, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sewer and Water Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.73
3.174	Nonpriority creditor's name and mailing address Oakleaf Marine Management Corp Attn: President or General Mgr c/o Inc Services, Ltd 1125 West St., Ste 229 Annapolis, MD 21401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430,000.00
3.175	Nonpriority creditor's name and mailing address OPCO Americas, LLC dba Aethos Costello Valente Gentry PC PO BOX 483 Attn: President or General Mgr Brattleboro, VT 05302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133,749.68
3.176	Nonpriority creditor's name and mailing address Open Table, Inc. 29109 Network Place Attn: President or General Mgr Chicago, IL 60673-1291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Software service provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,191.00
3.177	Nonpriority creditor's name and mailing address Patrick Aubry 29 Contessa Court Port Jefferson, NY 11777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.178	Nonpriority creditor's name and mailing address Paul & Shannon Weymouth 317 Wrights Mill Rd Coventry, CT 06238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.179	Nonpriority creditor's name and mailing address Paul Scheier 210 Central Park South Apt 20 New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.180	Nonpriority creditor's name and mailing address Paul Verrochi 33 Beaver Place Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.181	Nonpriority creditor's name and mailing address Peter Chase 273 Southdown Road Lloyd Harbor, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.182	Nonpriority creditor's name and mailing address Peter Coleman 65 Pinehurst St Lido Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.183	Nonpriority creditor's name and mailing address Peter Harding 1050 Old Academy Road Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.184	Nonpriority creditor's name and mailing address Peter Lovell 48 Point Lookout East Milford, CT 06460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.185	Nonpriority creditor's name and mailing address Peter Mundheim 22 Beach Avenue Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.186	Nonpriority creditor's name and mailing address Peter Schwarz 2 Hickory Lane Mount Kisco, NY 10549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.187	Nonpriority creditor's name and mailing address PREMIER COPPER PRODUCTS LLC 23910 N 19TH Avenue BLDG 4 SUITE 62 Attn: President or General Mgr PHOENIX, AZ 85085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,922.00
3.188	Nonpriority creditor's name and mailing address Ralph Guardiano 391 Boston Post Rd Madison, CT 06443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.189	Nonpriority creditor's name and mailing address RFID HOTEL 55 Skyline Drive Suite 2850 Attn: President or General Mgr Lake Mary, FL 32746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$728.94
3.190	Nonpriority creditor's name and mailing address Richard & Darcy Katz 55 Farrington St Closter, NJ 07624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.191	Nonpriority creditor's name and mailing address Richard Baudouin 9 Indian Springs Road Rowayton, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.192	Nonpriority creditor's name and mailing address Richard Goldman 10 Quintard Avenue Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.193	Nonpriority creditor's name and mailing address Richard St. Jean 32 Lowell Road Concord, MA 01742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.194	Nonpriority creditor's name and mailing address RITZ-CRAFT CORPORATION OF PA, 15 Industrial Park Road Attn: President or General Mgr Mifflinburg, PA 17844-7992 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction Plans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,471.74
3.195	Nonpriority creditor's name and mailing address Rob Aubin 91 Old Sawmill Road Londonderry, VT 05148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.196	Nonpriority creditor's name and mailing address Rob Girschek 40 Joy Street Boston, MA 02114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700,000.00
3.197	Nonpriority creditor's name and mailing address Rob Krzanowski 22 Links Court Sparta, NJ 07871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.198	Nonpriority creditor's name and mailing address Robert & Jennifer King 83 Walbridge Road West Hartford, CT 06119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.199	Nonpriority creditor's name and mailing address Robert & Rebecca Coffin 38 Beacon St Unit 63 Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.200	Nonpriority creditor's name and mailing address Robert Rubin 4 Alpine Loop West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400,000.00
3.201	Nonpriority creditor's name and mailing address Roger Cardinal 24 Bourne Avenue Sandwich, MA 02563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.202	Nonpriority creditor's name and mailing address Rogger & Isabelle Alvarado 4 Farrell Road Weston, CT 06883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.203	Nonpriority creditor's name and mailing address Rosario Ruffino 4 Trailside Place Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.204	Nonpriority creditor's name and mailing address Sandra Manzke 12 Bishop Park Road Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.205	Nonpriority creditor's name and mailing address Scott & Debbie Bigman 58 Farmington Lane Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.206	Nonpriority creditor's name and mailing address Scott Johnston 27 Beach Drive Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Desc Main Document Page 77 of 231

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.207	Nonpriority creditor's name and mailing address Sean McHugh 42 Oak Hill Terrace Haddam, CT 06438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.208	Nonpriority creditor's name and mailing address Sean Winters 10 Stillwater Road St James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.209	Nonpriority creditor's name and mailing address Seth Goodman 65 Pendleton Lane Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.210	Nonpriority creditor's name and mailing address SHEFFIELD FINANCIAL PO BOX 580229 Attn: President or General Mgr CHARLOTTE, NC 28258-0229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,996.24
3.211	Nonpriority creditor's name and mailing address Sheila Talty 3 Bailey Drive Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.212	Nonpriority creditor's name and mailing address SOLAR SENSE VT XIII LLC CRESTMARK BANK PO BOX 5935 Drawer 309 Attn: President or General Mgr TROY, MI 48007-5935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Solar Energy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,059.68
3.213	Nonpriority creditor's name and mailing address SOLARSENSE VT VIII LLC CRESTMARK BANK PO BOX 5935 Drawer 303 Attn: President or General Mgr TROY, MI 48007-5935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Solar Energy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,594.11

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.214	Nonpriority creditor's name and mailing address SOLARSENSE VT XII LLC CRESTMARK BANK PO BOX 5935 Drawer 302 TROY, MI 48007-5935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Solar Energy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,231.04
3.215	Nonpriority creditor's name and mailing address SOUTHERN VERMONT SPRINKLER SER 35 WILLIAMS Street Attn: President or General Mgr BRATTLEBORO, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fire Suppression Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.216	Nonpriority creditor's name and mailing address Stan Szczepanik 52 Foxcroft Court Southington, CT 06489 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.217	Nonpriority creditor's name and mailing address STATE OF VERMONT 440 ASA BLOOMER STATE OFFICE B Attn: President or General Mgr RUTLAND, VT 05701-0503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,131.20
3.218	Nonpriority creditor's name and mailing address Steven Albert 17 Frog Rock Road Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.219	Nonpriority creditor's name and mailing address Stuart Kovensky 18 Long Pond Road Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.220	Nonpriority creditor's name and mailing address SUBURBAN COMBINED ACCOUNTS 4 MILL Street Attn: President or General Mgr WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Heating and fuel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,000.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.221	Nonpriority creditor's name and mailing address SUNDANCE SPAS, INC. 7283 COLLECTION CENTER DR Attn: President or General Mgr CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Hot Tub Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,239.97
3.222	Nonpriority creditor's name and mailing address SUPERIOR WALLS OF NORTHEAST LL PO BOX 759 824 EAST MAIN Stre Attn: President or General Mgr EPHRATA, PA 17522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PreFab Concrete Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,200.63
3.223	Nonpriority creditor's name and mailing address Susan McCann 153 Middle Haddam Road Middle Haddam, CT 06456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.224	Nonpriority creditor's name and mailing address Terence & Laura Linehan 8 Johnson Place Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.225	Nonpriority creditor's name and mailing address Thano & Alison Chaltas 75 Loring Avenue Providence, RI 02906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.226	Nonpriority creditor's name and mailing address THE PORT AUTHORITY OF NY & NJ VIOLATIONS PROCESSING CENTER PO BOX 15186 Attn: President or General Mgr ALBANY, NY 12212-5186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.227	Nonpriority creditor's name and mailing address The Portland Group 390 Franklin St Attn: President or General Mgr Framingham, MA 01702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>A/C Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$423.89

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.228	Nonpriority creditor's name and mailing address Thomas & Sharon Quinn 96 High Street Plainville, MA 02762 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.229	Nonpriority creditor's name and mailing address Timothy Babineau 2 Holly Lane Barrington, RI 02806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.230	Nonpriority creditor's name and mailing address Timothy Treanor 10 Shady Lane Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.231	Nonpriority creditor's name and mailing address Timothy Walding 4 Mckesson Hill Road Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.232	Nonpriority creditor's name and mailing address Tom DeLitto 38 Edinburg Lane Trumbull, CT 06611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.233	Nonpriority creditor's name and mailing address Tom Garten 77 Bluff Point Road South Glastonbury, CT 06073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.234	Nonpriority creditor's name and mailing address TOUGH MUDDER INCORPORATED 15 METROTECH CENTER 7TH FLOOR Attn: President or General Mgr BROOKLYN, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.60

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.235	Nonpriority creditor's name and mailing address Tracy Smith 38 Stonefield Rd Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.236	Nonpriority creditor's name and mailing address TRANZON AUCTION PROPERTIES 93 EXCHANGE Street P O BOX 4508 Attn: President or General Mgr PORTLAND, ME 04112-4508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Auction Dealer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.237	Nonpriority creditor's name and mailing address TWIN PINES CONSTRUCTION LLC 304 OLD NEWPORT Road Attn: President or General Mgr CLAREMONT, NH 03743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,184.00
3.238	Nonpriority creditor's name and mailing address Tyler Dickson 9 Hunter Lane Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.239	Nonpriority creditor's name and mailing address VERTITECH IT 4 OPEN SQUARE WAY SUITE 310 Attn: President or General Mgr HOLYOKE, MA 01040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,905.00
3.240	Nonpriority creditor's name and mailing address Virany Hillard 29 Gray Rock Lane Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.241	Nonpriority creditor's name and mailing address VT Secretary of State 128 State Street Montpelier, VT 05633-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

Debtor **Hermitage Inn Real Estate Holding Company, LLC**
NameCase number (if known) **19-20903**

3.242	Nonpriority creditor's name and mailing address W & B MAINTENANCE PO BOX 18 Attn: President or General Mgr EAST DOVER, VT 05341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Property Maintenance Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,075.72
3.243	Nonpriority creditor's name and mailing address Walker Kimball 200 Mending Walls Road Manchester Center, VT 05255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.244	Nonpriority creditor's name and mailing address WATERSHED MANAGEMENT DIVISION, 1 NATIONAL LIFE DRIVE MAIN BUILDING SECOND FLOOR MONTPELIER, VT 05620-3522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,753.80
3.245	Nonpriority creditor's name and mailing address Whitney Peterson 485 Whitfield Street Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>70,803.97</u>
5b. +	\$ <u>87,725,856.15</u>
5c.	\$ <u>87,796,660.12</u>

Hermitage Club, LLC
Schedules A/B, D, and E/ F

Fill in this information to identify the case:

Debtor name Hermitage Club, LLC

United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT

Case number (if known) 19-20904

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☒ Chapter 11 or Chapter 9 Cases: Amended List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

x

Signature of individual signing on behalf of debtor

James R. Barnes

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Hermitage Club, LLC**
 United States Bankruptcy Court for the: **DISTRICT OF CONNECTICUT**
 Case number (if known): **19-20904**

☒ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Robert Coffin 38 Beacon St., Unit 63 Boston, MA 02108		Family Legacy / Secondary Memberships				\$1,946,000.00
Peter Coleman 65 Pinehurst St Lido Beach, NY 11561		Family Legacy / Secondary Memberships				\$1,471,000.00
Lorista Holdings LH VT House, LLC Attn: President or General Mgr 101 N. Plains Industrial Road Building 1B Ste 3 Wallingford, CT 06492		Judgment				\$1,174,560.40
Dale Ribaudo 26 Country Club Lane East Granby, CT 06026		Family Legacy				\$487,063.36
Mark Brett 1 Four Mile Riker Rd. Old Lyme, CT 06371		Family Legacy				\$486,000.00
Laurence Russian 39 Keofferam Rd. Old Greenwich, CT 06870		Family Legacy / Secondary Memberships				\$347,000.00
David Pinney 5 Woodside Circle Hartford, CT 06105		Family Legacy				\$285,735.00
Joel Koral 253 Woodlands Drive Tuxedo Park, NY 10987		Family Legacy / Secondary Membership				\$221,000.00

Debtor **Hermitage Club, LLC**
Name

Case number (if known) **19-20904**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aaron Kehoe 325 North End Ave. Apt. 22B New York, NY 10282		Family Legacy				\$208,000.00
Lou Garcia 128 West Hills Rd. New Canaan, CT 06840		Family Legacy				\$178,750.00
David Koch 148 Weeburn Drive New Canaan, CT 06840		Family Legacy				\$173,950.00
Walker Kimball 200 Mending Walls Rd. Manchester Center, VT 05255		Family Legacy				\$164,400.00
Mark Shafir & Hillary Schafer 113 East 90th Street New York, NY 10128		Family Legacy				\$163,000.00
Scott Johnston 27 Beach Drive Darien, CT 06820		Family Legacy				\$157,000.00
Paul Scheier 210 Central Park South Apt 20A New York, NY 10019		Family Legacy				\$157,000.00
Mike Tokarz 2525 Purchase St. Purchase, NY 10577		Family Legacy				\$157,000.00
Jan Linhart 7 Orchard Dr. Purchase, NY 10577		Family Legacy				\$141,000.00
David Bliss 58 Compo Mill Cove Westport, CT 06880		Family Legacy				\$133,000.00
Anthony Graziano 42 Deep Run Cohasset, MA 02025		Family Legacy				\$133,000.00
Robert Brody 63 Quorn Hunt Rd West Simsbury, CT 06092		Family Legacy				\$129,520.00

Fill in this information to identify the case:

Debtor name Hermitage Club, LLC

United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT

Case number (if known) 19-20904

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

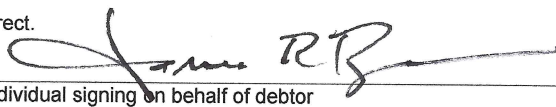
- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

6/9/19

x


Signature of individual signing on behalf of debtor

James R. Barnes

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Hermitage Club, LLC**United States Bankruptcy Court for the: **DISTRICT OF CONNECTICUT**Case number (if known) **19-20904**☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **TD Bank****Checking****9944****\$1,403.11**

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,403.11

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:

4,410,442.63

face amount

-

2,126,599.81

doubtful or uncollectible accounts

=...

\$2,283,842.82

Debtor Hermitage Club, LLC Case number (If known) 19-20904
 Name

12. **Total of Part 3.**
 Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,283,842.82

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture (see attached)	\$993,917.47	Net Book	\$993,917.47
40.	Office fixtures Office fixtures (see attached)	\$65,592.43	Net Book	\$65,592.43
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment (see attached)	\$1,620,810.20	Net Book	\$1,620,810.20

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
 Add lines 39 through 42. Copy the total to line 86.

\$2,680,320.10

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No

Debtor Hermitage Club, LLC Case number (If known) 19-20904
Name

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Other machinery, fixtures, and equipment (see attached)	\$3,768,818.84		\$3,768,818.84

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87.

\$3,768,818.84

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets to be provided	\$0.00		\$5,000.00

61. Internet domain names and websites

Debtor Hermitage Club, LLC Case number (If known) 19-20904
 Name

	www.hermitageclub.com		
	other URLs to be provided	\$0.00	\$2,500.00
62.	Licenses, franchises, and royalties Right to use facilities owned by Hermitage Inn Real Estate Holding Company, LLC	\$0.00	\$1.00
63.	Customer lists, mailing lists, or other compilations Customer lists, mailing lists, or other compilations	\$0.00	\$2,500.00
64.	Other intangibles, or intellectual property Membership agreements with five hundred twenty five individuals and/or entities for use of facilities owned by the Debtor and Hermitage Inn Real Estate Holding Company, LLC	\$0.00	\$27,139,000.00
65.	Goodwill		
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.		\$27,149,001.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Hermitage Club, LLC Case number (If known) 19-20904
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,403.11</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$2,283,842.82</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$2,680,320.10</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$3,768,818.84</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$27,149,001.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$35,883,385.87</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$35,883,385.87</u>

HERMITAGE CLUB, LLC
Case No. 19-20904
Schedule AB - Part 7

Asset Description	Book ID	Place in Service Date	Begin Year Cost	Cost Basis	Current Run Depreciation Amount	LTD Depreciation Amount	YTD Depreciation Amount	Net Book Value
all decorative interiors is furniture	BOOK	10/30/2014	\$ 400,000.00	\$ 400,000.00	\$ -	\$ 86,666.67	\$ -	\$ 313,333.33
Base Lodge Furniture	BOOK	12/10/2014	\$ 201,947.05	\$ 201,947.05	\$ -	\$ 42,072.31	\$ -	\$ 159,874.74
Golf Course Furn. & Fixtures	BOOK	7/1/2014	\$ 145,794.24	\$ 145,794.24	\$ -	\$ 36,448.55	\$ -	\$ 109,345.69
Nordic Hills Fit Up	BOOK	7/1/2015	\$ 130,361.00	\$ 130,361.00	\$ -	\$ 4,888.54	\$ -	\$ 125,472.46
Club House Patio Furniture	BOOK	7/1/2015	\$ 106,821.57	\$ 106,821.57	\$ -	\$ 16,023.24	\$ -	\$ 90,798.33
all decorative interiors is furniture	BOOK	9/24/2014	\$ 92,976.07	\$ 92,976.07	\$ -	\$ 20,919.62	\$ -	\$ 72,056.45
massage tables and similar products	BOOK	10/27/2014	\$ 46,623.18	\$ 46,623.18	\$ -	\$ 14,430.98	\$ -	\$ 32,192.20
massage tables and similar products	BOOK	10/27/2014	\$ 46,623.18	\$ 46,623.18	\$ -	\$ 14,430.98	\$ -	\$ 32,192.20
Club House Furniture	BOOK	7/1/2015	\$ 27,421.89	\$ 27,421.89	\$ -	\$ 4,113.28	\$ -	\$ 23,308.61
Furniture & Fixtures	BOOK	9/22/2014	\$ 26,393.20	\$ 26,393.20	\$ -	\$ 5,938.47	\$ -	\$ 20,454.73
Doveberry Construction & Fit Up	BOOK	7/1/2015	\$ 8,067.00	\$ 8,067.00	\$ -	\$ 302.52	\$ -	\$ 7,764.48
Snow Goose Furniture & Fixtures	BOOK	8/31/2016	\$ 5,881.84	\$ 5,881.84	\$ 588.18	\$ 784.24	\$ 588.18	\$ 5,097.60
Adirondack Chairs	BOOK	12/20/2013	\$ 2,782.00	\$ 2,782.00	\$ 278.20	\$ 1,112.80	\$ 278.20	\$ 1,669.20
massage tables and similar products	BOOK	12/3/2014	\$ 482.49	\$ 482.49	\$ -	\$ 143.60	\$ -	\$ 338.89
massage tables and similar products	BOOK	11/14/2014	\$ 26.88	\$ 26.88	\$ -	\$ 8.32	\$ -	\$ 18.56
Part 7, Line 39 (Office Furniture) Total								993,917.47
Hermitage Inn F&F	BOOK	9/30/2017	\$ 44,370.00	\$ 44,370.00	\$ -	\$ -	\$ -	\$ 44,370.00
Bar Top	BOOK	10/2/2014	\$ 16,293.13	\$ 16,293.13	\$ -	\$ 2,443.97	\$ -	\$ 13,849.16
1ST DIRECT PRODUCTS LLC	BOOK	6/24/2014	\$ 7,045.00	\$ 7,045.00	\$ -	\$ 5,870.83	\$ -	\$ 1,174.17
Shelving	BOOK	7/1/2015	\$ 6,646.48	\$ 6,646.48	\$ -	\$ 996.97	\$ -	\$ 5,649.51
Popcorn Poppers	BOOK	7/1/2015	\$ 418.81	\$ 418.81	\$ -	\$ 62.82	\$ -	\$ 355.99
Furniture & Fixtures (Ecolab)	BOOK	10/16/2014	\$ 247.16	\$ 247.16	\$ -	\$ 53.56	\$ -	\$ 193.60
Part 7, Line 40 (Office Fixtures) Total								65,592.43
Accounting System	BOOK	3/1/2014	\$ 673,866.72	\$ 673,866.72	\$ -	\$ 190,928.90	\$ -	\$ 482,937.82
NEC Fin Svcs Lse PhoneAV	BOOK	8/24/2014	\$ 587,491.92	\$ 587,491.92	\$ -	\$ 195,830.65	\$ -	\$ 391,661.27
NEC Phone Sytm/AV Equip/Signage	BOOK	5/31/2015	\$ 302,335.99	\$ 302,335.99	\$ -	\$ 47,869.87	\$ -	\$ 254,466.12
VT Tax Audit Add'l Cost	BOOK	11/15/2012	\$ 167,812.00	\$ 167,812.00	\$ 16,781.20	\$ 86,702.87	\$ 16,781.20	\$ 81,109.13
DELL-IT Infastructure/Upgrades	BOOK	11/1/2013	\$ 137,369.85	\$ 137,369.85	\$ 13,736.99	\$ 57,237.46	\$ 13,736.99	\$ 80,132.39

Case No. 19-20904

Schedule AB - Part 7

Asset Description	Book ID	Place in	Begin Year	Cost	Current Run	LTD	YTD	Net Book	
		Service			Depreciation	Depreciation	Depreciation		
		Date		Cost Basis	Amount	Amount	Amount	Value	
Computer Equipment-Dell	BOOK	6/30/2016	\$	100,315.11	\$ 100,315.11	\$ 10,031.51	\$ 15,047.27	\$ 10,031.51	\$ 85,267.84
NEC Phone Sytm/AV Equip/Signage	BOOK	5/31/2015	\$	82,276.28	\$ 82,276.28	\$ -	\$ 13,027.08	\$ -	\$ 69,249.20
Dell Lease #505	BOOK	7/1/2015	\$	71,356.77	\$ 71,356.77	\$ -	\$ 10,703.52	\$ -	\$ 60,653.25
Computer Equipment	BOOK	9/30/2017	\$	21,757.44	\$ 21,757.44	\$ -	\$ -	\$ -	\$ 21,757.44
NEC -TV Phones & Monitors	BOOK	10/2/2014	\$	19,611.16	\$ 19,611.16	\$ -	\$ 6,303.58	\$ -	\$ 13,307.58
Computer Equipment Dell	BOOK	3/1/2014	\$	19,282.89	\$ 19,282.89	\$ -	\$ 18,211.62	\$ -	\$ 1,071.27
Accounting System	BOOK	4/30/2017	\$	19,014.87	\$ 19,014.87	\$ -	\$ -	\$ -	\$ 19,014.87
Direct TV Receiver	BOOK	11/6/2014	\$	14,923.44	\$ 14,923.44	\$ -	\$ 4,619.16	\$ -	\$ 10,304.28
Resort Suite	BOOK	1/31/2014	\$	13,195.00	\$ 13,195.00	\$ -	\$ 13,195.00	\$ -	\$ -
Dell Lease #508	BOOK	7/1/2015	\$	10,239.07	\$ 10,239.07	\$ -	\$ 1,535.86	\$ -	\$ 8,703.21
Computer Equipment-Dell	BOOK	12/31/2016	\$	8,413.27	\$ 8,413.27	\$ -	\$ -	\$ -	\$ 8,413.27
Dell Lease #507	BOOK	7/1/2015	\$	7,727.10	\$ 7,727.10	\$ -	\$ 1,159.07	\$ -	\$ 6,568.03
Dell Lease #511	BOOK	7/1/2015	\$	5,730.73	\$ 5,730.73	\$ -	\$ 859.61	\$ -	\$ 4,871.12
Computer Equipment Dell	BOOK	10/1/2014	\$	5,453.85	\$ 5,453.85	\$ -	\$ 4,090.39	\$ -	\$ 1,363.46
NEC - TV Phones & Monitors	BOOK	9/17/2014	\$	4,900.00	\$ 4,900.00	\$ -	\$ 1,575.00	\$ -	\$ 3,325.00
Dell Lease #509	BOOK	7/1/2015	\$	4,764.42	\$ 4,764.42	\$ -	\$ 714.66	\$ -	\$ 4,049.76
Surveillance Cameras at Gatehouse	BOOK	10/23/2013	\$	4,555.00	\$ 4,555.00	\$ 455.50	\$ 1,897.92	\$ 455.50	\$ 2,657.08
Office Equipment	BOOK	12/31/2014	\$	4,498.56	\$ 4,498.56	\$ -	\$ 1,799.42	\$ -	\$ 2,699.14
Dell Lease #510	BOOK	7/1/2015	\$	3,915.63	\$ 3,915.63	\$ -	\$ 587.34	\$ -	\$ 3,328.29
Radios	BOOK	1/20/2012	\$	2,998.00	\$ 2,998.00	\$ 299.80	\$ 1,773.82	\$ 299.80	\$ 1,224.18
Dell Lease #506	BOOK	7/1/2015	\$	2,580.01	\$ 2,580.01	\$ -	\$ 387.00	\$ -	\$ 2,193.01
Radio for marketing office	BOOK	1/10/2013	\$	964.39	\$ 964.39	\$ 96.44	\$ 482.20	\$ 96.44	\$ 482.19

Part 7, Line 41 (Office Equipment) Total 1,620,810.20

HERMITAGE CLUB, LLC
Case No. 19-20904
Schedule AB - Part 8

Asset Description	Place in Service Date	Begin Year Cost	Cost Basis	Current Run Depreciation Amount	LTD Depreciation Amount	YTD Depreciation Amount	Net Book Value
Snowmakers	12/1/2013	\$ 1,588,879.34	\$ 1,588,879.34	\$ 158,887.93	\$ 648,792.38	\$ 158,887.93	\$ 940,086.96
Technoplin Guns	1/1/2012	\$ 586,000.00	\$ 586,000.00	\$ 58,600.00	\$ 351,600.00	\$ 58,600.00	\$ 234,400.00
Snowguns	10/17/2013	\$ 520,800.00	\$ 520,800.00	\$ 52,080.00	\$ 217,000.00	\$ 52,080.00	\$ 303,800.00
Sky Track Taj Lift	9/16/2012	\$ 470,000.00	\$ 470,000.00	\$ 47,000.00	\$ 246,750.00	\$ 47,000.00	\$ 223,250.00
Snow Cat Kassbohrer- Catillac	1/1/2012	\$ 343,445.00	\$ 343,445.00	\$ 34,344.50	\$ 206,067.00	\$ 34,344.50	\$ 137,378.00
Snow Guns	1/1/2012	\$ 195,000.00	\$ 195,000.00	\$ 19,500.00	\$ 117,000.00	\$ 19,500.00	\$ 78,000.00
Snowguns	12/1/2013	\$ 195,000.00	\$ 195,000.00	\$ 19,500.00	\$ 82,841.67	\$ 19,500.00	\$ 112,158.33
Snow Making Equipment	7/1/2015	\$ 183,345.00	\$ 183,345.00	\$ -	\$ 27,501.75	\$ -	\$ 155,843.25
Black Pipe Snowmaking	10/2/2012	\$ 173,946.00	\$ 173,946.00	\$ 8,697.30	\$ 45,660.83	\$ 8,697.30	\$ 128,285.17
fitness equipment ie weight machines and	10/8/2014	\$ 165,381.41	\$ 165,381.41	\$ -	\$ 37,210.82	\$ -	\$ 128,170.59
Sky Track Taj Lift	9/14/2012	\$ 160,840.00	\$ 160,840.00	\$ 16,084.00	\$ 85,781.33	\$ 16,084.00	\$ 75,058.67
Lawn Mowers	12/1/2013	\$ 158,662.94	\$ 158,662.94	\$ 15,866.29	\$ 64,787.35	\$ 15,866.29	\$ 93,875.59
Food Service Equipment -- 10 year life	7/23/2014	\$ 140,877.50	\$ 140,877.50	\$ -	\$ 34,045.40	\$ -	\$ 106,832.10
5 Towers	12/27/2012	\$ 120,000.00	\$ 120,000.00	\$ 6,000.00	\$ 30,000.00	\$ 6,000.00	\$ 90,000.00
Lances (Technoalpine)	3/29/2013	\$ 90,000.00	\$ 90,000.00	\$ 9,000.00	\$ 42,750.00	\$ 9,000.00	\$ 47,250.00
Food Service Equipment -- 10 year life	10/16/2014	\$ 86,630.06	\$ 86,630.06	\$ -	\$ 18,769.85	\$ -	\$ 67,860.21
liftline Haystack Taj	9/21/2012	\$ 85,288.00	\$ 85,288.00	\$ 8,528.80	\$ 44,776.20	\$ 8,528.80	\$ 40,511.80
Bowling Lane	10/31/2014	\$ 71,463.30	\$ 71,463.30	\$ -	\$ 15,483.72	\$ -	\$ 55,979.58
Food Service Equipment -- 10 year life	7/23/2014	\$ 70,438.75	\$ 70,438.75	\$ -	\$ 17,022.71	\$ -	\$ 53,416.04
Witches Lift Ski	1/31/2012	\$ 59,176.00	\$ 59,176.00	\$ 5,917.60	\$ 35,012.47	\$ 5,917.60	\$ 24,163.53
Seat Pads Chair Lifts	11/27/2012	\$ 55,080.00	\$ 55,080.00	\$ 5,508.00	\$ 27,999.00	\$ 5,508.00	\$ 27,081.00
Air compressor	1/1/2012	\$ 55,000.00	\$ 55,000.00	\$ 5,500.00	\$ 33,000.00	\$ 5,500.00	\$ 22,000.00
Chairlifts	1/1/2013	\$ 49,396.40	\$ 49,396.40	\$ 4,939.64	\$ 24,698.20	\$ 4,939.64	\$ 24,698.20
Pipe Snowmaking	1/1/2012	\$ 47,658.00	\$ 47,658.00	\$ 2,382.90	\$ 14,297.40	\$ 2,382.90	\$ 33,360.60
Child Care Equipment	11/6/2014	\$ 41,164.04	\$ 41,164.04	\$ -	\$ 12,741.26	\$ -	\$ 28,422.78
Golf Course-Course Equipment	12/31/2016	\$ 40,318.95	\$ 40,318.95	\$ -	\$ -	\$ -	\$ 40,318.95
Snowmobiles	2/1/2015	\$ 39,711.00	\$ 39,711.00	\$ -	\$ 7,611.28	\$ -	\$ 32,099.72

HERMITAGE CLUB, LLC
Case No. 19-20904
Schedule AB - Part 8

Asset Description	Place in Service Date	Begin Year	Cost	Cost Basis	Current Run Depreciation Amount	LTD Depreciation Amount	YTD Depreciation Amount	Net Book Value
towers	12/26/2012		\$ 39,500.00	\$ 39,500.00	\$ 1,975.00	\$ 9,875.00	\$ 1,975.00	\$ 29,625.00
Snowmobiles	12/21/2017		\$ 38,270.55	\$ 38,270.55	\$ -	\$ -	\$ -	\$ 38,270.55
Snowmobiles	12/31/2014		\$ 28,090.80	\$ 28,090.80	\$ 5,618.16	\$ 16,854.48	\$ 5,618.16	\$ 11,236.32
Food Service Equipment -- 10 year life	10/16/2014		\$ 27,311.75	\$ 27,311.75	\$ -	\$ 5,917.56	\$ -	\$ 21,394.19
Snow Guns	12/11/2012		\$ 25,286.00	\$ 25,286.00	\$ 2,528.60	\$ 12,853.72	\$ 2,528.60	\$ 12,432.28
Int'l Harvester Pickup Truck	11/30/2014		\$ 25,000.00	\$ 25,000.00	\$ -	\$ 10,416.67	\$ -	\$ 14,583.33
Equipment-New England Fitness	12/1/2013		\$ 24,921.50	\$ 24,921.50	\$ 2,492.15	\$ 10,176.28	\$ 2,492.15	\$ 14,745.22
Hermitage Lift	11/1/2012		\$ 22,747.00	\$ 22,747.00	\$ 2,274.70	\$ 11,752.62	\$ 2,274.70	\$ 10,994.38
Pad Mounts	1/1/2012		\$ 21,900.00	\$ 21,900.00	\$ 1,095.00	\$ 6,570.00	\$ 1,095.00	\$ 15,330.00
Food Service Equipment -- 10 year life	12/5/2014		\$ 21,612.08	\$ 21,612.08	\$ -	\$ 4,502.52	\$ -	\$ 17,109.56
Food Service Equipment -- 10 year life	12/5/2014		\$ 21,612.08	\$ 21,612.08	\$ -	\$ 4,502.52	\$ -	\$ 17,109.56
Food Service Equipment -- 10 year life	9/30/2014		\$ 21,013.62	\$ 21,013.62	\$ -	\$ 4,728.06	\$ -	\$ 16,285.56
Food Service Equipment -- 10 year life	10/16/2014		\$ 20,435.93	\$ 20,435.93	\$ -	\$ 4,427.78	\$ -	\$ 16,008.15
Chairlifts	11/18/2013		\$ 19,327.03	\$ 19,327.03	\$ 1,932.70	\$ 7,891.86	\$ 1,932.70	\$ 11,435.17
Snow Guns	4/10/2012		\$ 18,000.00	\$ 18,000.00	\$ 1,800.00	\$ 10,350.00	\$ 1,800.00	\$ 7,650.00
Utility Carts Golf	6/21/2012		\$ 17,977.00	\$ 17,977.00	\$ 1,797.70	\$ 9,887.35	\$ 1,797.70	\$ 8,089.65
Snow Guns	1/12/2012		\$ 16,176.00	\$ 16,176.00	\$ 1,617.60	\$ 9,705.60	\$ 1,617.60	\$ 6,470.40
Utility Carts-Golf Carts	12/1/2013		\$ 15,099.75	\$ 15,099.75	\$ 1,509.98	\$ 6,165.75	\$ 1,509.98	\$ 8,934.00
Witches Lift Ski	1/12/2012		\$ 14,865.00	\$ 14,865.00	\$ 1,486.50	\$ 8,919.00	\$ 1,486.50	\$ 5,946.00
Food Service Equipment -- 10 year life	7/23/2014		\$ 12,756.00	\$ 12,756.00	\$ -	\$ 3,082.70	\$ -	\$ 9,673.30
Lifts Taj	3/8/2012		\$ 12,480.00	\$ 12,480.00	\$ 1,248.00	\$ 7,280.00	\$ 1,248.00	\$ 5,200.00
Kubota RTU900X	8/9/2012		\$ 12,243.00	\$ 12,243.00	\$ 1,224.30	\$ 6,631.63	\$ 1,224.30	\$ 5,611.37
Food Service Equipment -- 10 year life	9/22/2014		\$ 11,479.09	\$ 11,479.09	\$ -	\$ 2,582.80	\$ -	\$ 8,896.29
Food Service Equipment -- 10 year life	9/22/2014		\$ 11,479.08	\$ 11,479.08	\$ -	\$ 2,582.80	\$ -	\$ 8,896.28
Food Service Equipment -- 10 year life	10/27/2014		\$ 11,143.03	\$ 11,143.03	\$ -	\$ 2,414.32	\$ -	\$ 8,728.71
3 phase pad	11/30/2012		\$ 10,864.00	\$ 10,864.00	\$ 543.20	\$ 2,761.27	\$ 543.20	\$ 8,102.73
Electrical Work	1/1/2013		\$ 10,864.00	\$ 10,864.00	\$ 271.60	\$ 1,358.00	\$ 271.60	\$ 9,506.00

HERMITAGE CLUB, LLC
Case No. 19-20904
Schedule AB - Part 8

Asset Description	Place in	Begin Year		Current Run		LTD	YTD	Net Book Value
	Service	Date	Cost	Cost Basis	Depreciation	Depreciation	Depreciation	
Ski Lifts		1/1/2013	\$ 10,600.00	\$ 10,600.00	\$ 1,060.00	\$ 5,300.00	\$ 1,060.00	\$ 5,300.00
Food Service Equipment -- 10 year life		9/30/2014	\$ 10,507.41	\$ 10,507.41	\$ -	\$ 2,364.17	\$ -	\$ 8,143.24
Polaris Crew Cab		6/3/2013	\$ 10,488.00	\$ 10,488.00	\$ 1,048.80	\$ 4,807.00	\$ 1,048.80	\$ 5,681.00
Food Service Equipment -- 10 year life		9/30/2014	\$ 9,746.01	\$ 9,746.01	\$ -	\$ 2,192.85	\$ -	\$ 7,553.16
Foundations for Towers		10/25/2012	\$ 9,165.00	\$ 9,165.00	\$ 458.25	\$ 2,367.63	\$ 458.25	\$ 6,797.37
Food Service Equipment -- 10 year life		10/27/2014	\$ 8,825.00	\$ 8,825.00	\$ -	\$ 1,912.08	\$ -	\$ 6,912.92
Food Service Equipment -- 10 year life		10/15/2014	\$ 8,736.55	\$ 8,736.55	\$ -	\$ 1,965.73	\$ -	\$ 6,770.82
Portable Radios		1/1/2013	\$ 7,345.26	\$ 7,345.26	\$ 734.53	\$ 3,672.65	\$ 734.53	\$ 3,672.61
Ski Racks		7/1/2015	\$ 7,181.83	\$ 7,181.83	\$ -	\$ 1,077.27	\$ -	\$ 6,104.56
Sleigh		6/25/2014	\$ 7,000.00	\$ 7,000.00	\$ -	\$ 2,500.00	\$ -	\$ 4,500.00
Food Service Equipment -- 10 year life		9/30/2014	\$ 6,948.44	\$ 6,948.44	\$ -	\$ 1,563.39	\$ -	\$ 5,385.05
Food Service Equipment -- 10 year life		10/15/2014	\$ 5,896.77	\$ 5,896.77	\$ -	\$ 1,326.78	\$ -	\$ 4,569.99
Ski Racks		1/11/2013	\$ 5,760.00	\$ 5,760.00	\$ 576.00	\$ 2,880.00	\$ 576.00	\$ 2,880.00
Coupling Element Grip Lift Witches		2/14/2012	\$ 5,699.36	\$ 5,699.36	\$ 569.94	\$ 3,372.14	\$ 569.94	\$ 2,327.22
Generator Summit Cabin		12/14/2012	\$ 5,550.00	\$ 5,550.00	\$ 555.00	\$ 2,821.25	\$ 555.00	\$ 2,728.75
Ski Lift Electrical Taj		12/12/2012	\$ 5,476.00	\$ 5,476.00	\$ 547.60	\$ 2,783.63	\$ 547.60	\$ 2,692.37
Witches Lift Ski		2/22/2012	\$ 5,178.00	\$ 5,178.00	\$ 517.80	\$ 3,020.50	\$ 517.80	\$ 2,157.50
Food Service Equipment -- 10 year life		10/15/2014	\$ 4,867.86	\$ 4,867.86	\$ -	\$ 1,095.28	\$ -	\$ 3,772.58
Kitchen Upgrades		1/1/2017	\$ 3,890.64	\$ 3,890.64	\$ -	\$ -	\$ -	\$ 3,890.64
Food Service Equipment -- 10 year life		10/15/2014	\$ 3,442.19	\$ 3,442.19	\$ -	\$ 774.49	\$ -	\$ 2,667.70
Food Service Equipment -- 10 year life		10/16/2014	\$ 3,365.55	\$ 3,365.55	\$ -	\$ 729.21	\$ -	\$ 2,636.34
Rescue Tobagans & Gates		2/11/2013	\$ 3,323.50	\$ 3,323.50	\$ 332.35	\$ 1,634.05	\$ 332.35	\$ 1,689.45
Camera at Base		7/24/2012	\$ 2,779.00	\$ 2,779.00	\$ 277.90	\$ 1,505.29	\$ 277.90	\$ 1,273.71
Snowmobile		1/21/2013	\$ 2,665.50	\$ 2,665.50	\$ 266.55	\$ 1,310.54	\$ 266.55	\$ 1,354.96
Equipment		12/1/2013	\$ 2,442.89	\$ 2,442.89	\$ 244.29	\$ 997.52	\$ 244.29	\$ 1,445.37
Equipment		1/21/2012	\$ 2,351.00	\$ 2,351.00	\$ 39.18	\$ 2,351.00	\$ 39.18	\$ -
Food Service Equipment -- 10 year life		10/15/2014	\$ 2,201.74	\$ 2,201.74	\$ -	\$ 495.38	\$ -	\$ 1,706.36

HERMITAGE CLUB, LLC
Case No. 19-20904
Schedule AB - Part 8

Asset Description	Place in Service Date	Begin Year Cost	Cost Basis	Current Run Depreciation Amount	LTD Depreciation Amount	YTD Depreciation Amount	Net Book Value
Food Service Equipment -- 10 year life	10/15/2014	\$ 1,783.64	\$ 1,783.64	\$ -	\$ 401.31	\$ -	\$ 1,382.33
Rescue Defibrillator Package	1/2/2013	\$ 1,762.00	\$ 1,762.00	\$ 176.20	\$ 881.00	\$ 176.20	\$ 881.00
Food Service Equipment -- 10 year life	9/30/2014	\$ 1,479.68	\$ 1,479.68	\$ -	\$ 332.93	\$ -	\$ 1,146.75
Generator	2/6/2012	\$ 1,390.00	\$ 1,390.00	\$ 139.00	\$ 822.42	\$ 139.00	\$ 567.58
Food Service Equipment -- 10 year life	7/23/2014	\$ 1,300.00	\$ 1,300.00	\$ -	\$ 314.17	\$ -	\$ 985.83
Food Service Equipment -- 10 year life	10/15/2014	\$ 1,110.66	\$ 1,110.66	\$ -	\$ 249.91	\$ -	\$ 860.75
Polaris Bench Seat	10/2/2012	\$ 984.00	\$ 984.00	\$ 98.40	\$ 516.60	\$ 98.40	\$ 467.40
Air compressor	3/2/2012	\$ 971.00	\$ 971.00	\$ 97.10	\$ 566.42	\$ 97.10	\$ 404.58
Food Service Equipment -- 10 year life	10/15/2014	\$ 918.91	\$ 918.91	\$ -	\$ 206.75	\$ -	\$ 712.16
Food Service Equipment -- 10 year life	12/12/2014	\$ 895.07	\$ 895.07	\$ -	\$ 186.48	\$ -	\$ 708.59
Food Service Equipment -- 10 year life	9/30/2014	\$ 861.35	\$ 861.35	\$ -	\$ 193.81	\$ -	\$ 667.54
Food Service Equipment -- 10 year life	9/30/2014	\$ 789.89	\$ 789.89	\$ -	\$ 177.73	\$ -	\$ 612.16
Golf Cart	7/12/2012	\$ 719.00	\$ 719.00	\$ 71.90	\$ 395.45	\$ 71.90	\$ 323.55
Golf Cart	8/11/2012	\$ 719.00	\$ 719.00	\$ 71.90	\$ 389.46	\$ 71.90	\$ 329.54
Golf Cart	9/10/2012	\$ 719.00	\$ 719.00	\$ 71.90	\$ 383.47	\$ 71.90	\$ 335.53
Golf Cart	10/11/2012	\$ 719.00	\$ 719.00	\$ 71.90	\$ 377.48	\$ 71.90	\$ 341.52
Food Service Equipment -- 10 year life	10/15/2014	\$ 380.21	\$ 380.21	\$ -	\$ 85.55	\$ -	\$ 294.66
Food Service Equipment -- 10 year life	10/15/2014	\$ 377.16	\$ 377.16	\$ -	\$ 84.87	\$ -	\$ 292.29
Food Service Equipment -- 10 year life	10/15/2014	\$ 124.22	\$ 124.22	\$ -	\$ 27.95	\$ -	\$ 96.27
Food Service Equipment -- 10 year life	11/20/2014	\$ 118.04	\$ 118.04	\$ -	\$ 24.58	\$ -	\$ 93.46
Food Service Equipment -- 10 year life	10/31/2014	\$ 89.00	\$ 89.00	\$ -	\$ 19.28	\$ -	\$ 69.72
Food Service Equipment -- 10 year life	10/15/2014	\$ 86.31	\$ 86.31	\$ -	\$ 19.42	\$ -	\$ 66.89

Part 8, Line 50 (Other Machinery) Total \$ 3,768,818.84

Fill in this information to identify the case:

Debtor name **Hermitage Club, LLC**

United States Bankruptcy Court for the: **DISTRICT OF CONNECTICUT**

Case number (if known) **19-20904**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Berkshire Bank Creditor's Name Attn: President or General Mgr 1259 E Columbus Ave Ste 301 Springfield, MA 01105 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Personal Property Describe the lien UCC Financing Statement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00

2.2	Dell Financial Services, LLC Creditor's Name Attn: President or General Mgr Mail Stop-PS2DF-23 One Dell Way Round Rock, TX 78682 Creditor's mailing address Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien Describe the lien UCC Financing Statement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	Unknown \$0.00
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Debtor	Desc	Main Document	Page
Hermitage Club, LLC			100 of 231
Name		Case number (if know)	19-20904

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 NEC Financial Services LLC**

Creditor's Name

Attn President or General Mgr
250 Pehle Ave Ste 704
Saddle Brook, NJ
07663-5806

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown

\$0.00

Describe the lien

UCC Financing Statements

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Reinhart Foodservice, LLC**

Creditor's Name

Attn: President or General Mgr
6250 N River Rd Ste 9000
Des Plaines, IL 60018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown

\$0.00

Describe the lien

UCC Financing Statement and Writ of Attachment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Sysco Albany, LLC**

Describe debtor's property that is subject to a lien

Unknown

\$0.00

	Desc Main Document	Page 101 of 231	Case number (if know) 19-20904
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Debtor **Hermitage Club, LLC**

Name

Creditor's Name

**Attn: President or General
Mgr
One Liebich Lane
Clifton Park, NY 12065**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 TCF Equipment Finance**

Creditor's Name

**TCF National Bank
Attn: President or General
Mgr
1111 W San Marnan Dr Ste
A2
Waterloo, IA 50701-8926**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

UCC Financing Statements

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Webbank**

Creditor's Name

**Attn: President or General
Mgr
6440 S Wasatch Blvd, Ste
300
Salt Lake City, UT 84121**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

Debtor **Hermitage Club, LLC** Desc Main Document Page 102 of 231
Name Case number (if know) **19-20904**

Date debt was incurred

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$0.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Hermitage Club, LLC

United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT

Case number (if known) 19-20904

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address State of Vermont Department of Taxes 133 State Street Montpelier, VT 05633	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,473,269.62 \$1,473,269.62
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 3 OLD WITNESS TREE LANE, LLC Attn: President or General Mgr 18 White Tail Way Littleton, MA 01460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental Income</u>	\$15,000.00
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.2	Nonpriority creditor's name and mailing address Aaron Kehoe 325 North End Ave. Apt. 22B New York, NY 10282	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u>	\$208,000.00
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.3	Nonpriority creditor's name and mailing address AARONS PEST CONTROL Attn: President or General Mgr PO BOX 158 WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.4	Nonpriority creditor's name and mailing address ABACUS Attn: President or General Mgr 55 STAMP FARM Road CRANSTON, RI 02921-3401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>401k Third Party Administrator</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,387.50
3.5	Nonpriority creditor's name and mailing address ACE GROUP - CHUBB Attn: President or General Mgr PO BOX 3556 Orlando, FL 32802-3556 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Workers Comp Insurance Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,730.00
3.6	Nonpriority creditor's name and mailing address ACTIVE BRANDS NO AMERICA INC Attn: President or General Mgr 100 TECHNOLOGY DR SUITE 100-B BROOMFIELD, CO 80021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,536.60
3.7	Nonpriority creditor's name and mailing address Adrian & Nikki Hamburger 15 Bridgette Westerly, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.8	Nonpriority creditor's name and mailing address ADVANCED ONSITE SERVICES, LLC. Attn: President or General Mgr PO BOX 124 MILTON, VT 05468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.9	Nonpriority creditor's name and mailing address ADVENTURE IN FOOD TRADING Attn: President or General Mgr PO Box 11610 Albany, NY 12211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,711.85

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
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3.10	Nonpriority creditor's name and mailing address Air Compressor Eng. Co., Inc. Attn: President or General Mgr PO Box 738 Westfield, MA 01086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,208.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered on air compressors</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address AKG PROPERTY SERVICES LLC Attn: President or General Mgr PO BOX 1710 WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Property Maintenance Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address Alan & Diane Kurzer 17 Smith Farm Road Bedford, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address Alastair & Alisa Wood 8 East 96th Street, Apt. 9c New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Albert Subbloie 908 Rainbow Trail Orange, CT 06477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Alec & Melanie Borisoff 353 4th Street Brooklyn, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,430.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Alex Hammett 318 West 71st st, apt 1 New York, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)
Hermitage Club, LLC		19-20904
3.17	Nonpriority creditor's name and mailing address Alex Naboicheck 38 W 22nd St., Apt. 5 New York, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,216.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Alexandric & Kim Ho 20 Parkerville Rd Southborough, MA 01772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Alfred & Jennifer Barbagallo 120 Long Neck Point Rd. Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address ALLY Attn: President or General Mgr PO BOX 78234 PHOENIX, AZ 85062-8234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,842.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address ALP-N-ROCK LLC Attn: President or General Mgr 6138 INNOVATION WAY CARLSBAD, CA 92009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,020.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address ALPINE PROMOTIONS INC. Attn: President or General Mgr 2963 South Adams Garden Cove Salt Lake City, UT 84106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,761.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address AMERICAN ARBITRATION ASSOC. Attn: President or General Mgr 1301 Atwood Avenue Johnston, RI 02919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,590.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
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3.24	Nonpriority creditor's name and mailing address AMERICAN FUNDS Attn: President or General Mgr PO BOX 659530 SAN ANTONIO, TX 78265-9530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>401k Fund Administrator</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.50
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3.25	Nonpriority creditor's name and mailing address AMERICAN NEEDLE INC. Attn: President or General Mgr 8156 SOLUTIONS CENTER BUFFALO GROVE, IL 60677-8001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,935.57
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3.26	Nonpriority creditor's name and mailing address Amy & Brett Harsch 26 Bates Road Harrison, NY 10528 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,150.00
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3.27	Nonpriority creditor's name and mailing address Andrea & David Hekemian 91 Fox Hedge Road Saddle River, NJ 07458 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,000.00
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3.28	Nonpriority creditor's name and mailing address Andrew & Cindy Aran 102 Morley Dr. Wyckoff, NJ 07481 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00
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3.29	Nonpriority creditor's name and mailing address Andrew & Elizabeth Banever 12 West Lane Niantic, CT 06357 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,189.60
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3.30	Nonpriority creditor's name and mailing address Andrew & Yvonne Rebak 830 Seneca Road Franklin Lakes, NJ 07417 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,500.00
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Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.31	Nonpriority creditor's name and mailing address Anthony & Janice Yanni 35 Memery Lane Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,160.00
3.32	Nonpriority creditor's name and mailing address Anthony & Tara Coniglio 373 Greenley Rd. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.33	Nonpriority creditor's name and mailing address Anthony Graziano 42 Deep Run Cohasset, MA 02025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133,000.00
3.34	Nonpriority creditor's name and mailing address ANTIGUA GROUP Attn: President or General Mgr 2903 PAYSHERE CIRCLE CHICAGO, IL 00060-6074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,357.59
3.35	Nonpriority creditor's name and mailing address Archer Group Investments, Ltd Attn: President or General Mgr 200 South Orange Avenue Sarasota, FL 34230-3258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National Membership (Christian Urciuoli and Richard Jacoby)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.36	Nonpriority creditor's name and mailing address ARMSTER RECLAIMED LUMBER Attn: President or General Mgr PO BOX 347 GUILFORD, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,750.00
3.37	Nonpriority creditor's name and mailing address Arpad & Madeleine Fejos 69 Broadfield Rd Hamden, CT 06517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.38	Nonpriority creditor's name and mailing address Arrowwood Environmental Attn: President or General Mgr 950 Bert White Road Huntington, VT 05462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$3,200.00
3.39	Nonpriority creditor's name and mailing address ARTWORKS, THE Attn: President or General Mgr 21 BLISH Road MARLBOROUGH, CT 06447-1111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Signs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$2,275.96
3.40	Nonpriority creditor's name and mailing address ASCENTIUM CAPITAL Attn: President or General Mgr 23970 HWY 59 N KINGWOOD, TX 77339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financing for Bowling Lane, data</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$7,195.74
3.41	Nonpriority creditor's name and mailing address Ashleigh Banfield 128 Mansfield Ave. Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$31,620.00
3.42	Nonpriority creditor's name and mailing address B&B Forms Attn: President or General Mgr PO Box 67 East Dover, VT 05341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$6,000.00
3.43	Nonpriority creditor's name and mailing address BABOR COSMETICS Attn: President or General Mgr 430 S Congress Avenue Delray, FL 33445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$1,505.37
3.44	Nonpriority creditor's name and mailing address BALLOONS OVER NEW ENGLAND Attn: President or General Mgr PO BOX 101 QUECHEE, VT 05059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Rendered for entertainment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$450.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.45	Nonpriority creditor's name and mailing address BALOOON GAL JENNY Attn: President or General Mgr PO BOX 1715 TROY, NY 12181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$475.00
3.46	Nonpriority creditor's name and mailing address Barbara & Lisa Pacheco Robb 258 Shawmut Ave., #1 Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$50,020.00
3.47	Nonpriority creditor's name and mailing address Barbara Chace 15 River Ridge Lane Wilton, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$59,300.00
3.48	Nonpriority creditor's name and mailing address Barry & Jill Goldberg 82 Four Mile Road West Hartford, CT 06107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$26,000.00
3.49	Nonpriority creditor's name and mailing address Barry & Joy Schwartz 118 Dogwood Court Stamford, CT 06903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$58,800.00
3.50	Nonpriority creditor's name and mailing address BART J. RUGGIERE SPRTS CTR. Attn: President or General Mgr P O BOX 2232 MANCHESTER CTR, VT 05255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services performed for special needs athletes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$1,255.00
3.51	Nonpriority creditor's name and mailing address BAY STATE ELEVATOR COMPANY Attn: President or General Mgr PO BOX 5 DALTON, MA 01227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Elevator inspection and repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$1,206.26

Debtor	Name	Case number (if known)	19-20904
3.52	Nonpriority creditor's name and mailing address BEAR CREEK ENVIRONMENTAL, LLC Attn: President or General Mgr 149 STATE Street MONTPELIER, VT 05602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.53	Nonpriority creditor's name and mailing address BEARDSLEY, INC. Attn: President or General Mgr 76 Hartness Avenue Ste 1 Springfield, VT 05156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Publishing Company for marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$332.75
3.54	Nonpriority creditor's name and mailing address BELVAL REFRIGERATION Attn: President or General Mgr PO BOX 194 WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Local services on small machines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,131.66
3.55	Nonpriority creditor's name and mailing address Ben & Margot Fooshee 205 Stone Hill Rd. Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,200.00
3.56	Nonpriority creditor's name and mailing address Benjamin & Kim Willemstyn 11 Hasler Lane Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.57	Nonpriority creditor's name and mailing address BERGERON CONSTRUCTION CO.INC. Attn: President or General Mgr 27 MATTHEWS Road KEENE, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,316.50
3.58	Nonpriority creditor's name and mailing address BEST SEPTIC SERVICE, LLC Attn: President or General Mgr 153 BIRCHVIEW EXT WESTMINSTER, VT 05158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Portable Restroom Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,320.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.59	Nonpriority creditor's name and mailing address BEST TILE-VERMONT Attn: President or General Mgr 287 Leroy Road Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,449.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address BEST TILE-VERMONT Attn: President or General Mgr 287 Leroy Road Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address Betsy & Dan Vogel Friedman 240 Gregory Rd. Franklin Lakes, NJ 07417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address Bettima & Douglas Bosma 59 Wrights Mill Rd. Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address BHS EDUCATION Attn: President or General Mgr 10 WHITNEY Lane WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address Bill & Ali Charon 17 2nd Avenue Bayville, NY 11709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address Bill & Erin Russell 1085 Sasco Hill Rd. Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30,000.00
	Bill & Joyce Allen	<input type="checkbox"/> Contingent	
	31 Aunt Pattys Lane	<input type="checkbox"/> Unliquidated	
	Bethel, CT 06801	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$21,000.00
	Bill & Linda Rambow	<input type="checkbox"/> Contingent	
	32 Island Circle North	<input type="checkbox"/> Unliquidated	
	Groton Long Pt., CT 06340	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52,000.00
	Bill & Marnie Schwartz	<input type="checkbox"/> Contingent	
	8 Upland Lane	<input type="checkbox"/> Unliquidated	
	Armonk, NY 10504	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Corporate- National	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.69	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70,000.00
	Bill & Renee Hughes	<input type="checkbox"/> Contingent	
	2440 Redding Road	<input type="checkbox"/> Unliquidated	
	Fairfield, CT 06824	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.70	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$55,640.00
	Bill & Tatiana Geist	<input type="checkbox"/> Contingent	
	933 Tryon St.	<input type="checkbox"/> Unliquidated	
	South Glastonbury, CT 06073	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.71	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$43,500.00
	Bill & Yvonne Deakins	<input type="checkbox"/> Contingent	
	144 Washington Ave	<input type="checkbox"/> Unliquidated	
	Dobbs Ferry, NY 10522	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.72	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,962.50
	Birch Island Assoc	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	PO BOX 552	<input type="checkbox"/> Disputed	
	WEST DOVER, VT 05356	Basis for the claim: _	
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _		

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.73	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68,000.00
	Blake & Maria Underhill	<input type="checkbox"/> Contingent	
	6 Oak Circle	<input type="checkbox"/> Unliquidated	
	Dover, MA 02080	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.74	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30,000.00
	Bob & Sarah Fisher	<input type="checkbox"/> Contingent	
	535 Shearer Hill Rd.	<input type="checkbox"/> Unliquidated	
	Brattleboro, VT 05301	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.75	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32,339.15
	Bobbi Resek	<input type="checkbox"/> Contingent	
	PO BOX 74	<input type="checkbox"/> Unliquidated	
	East Dover, VT 05341	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Commissions	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.76	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$48,333.75
	BOGNER OF AMERICA	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	185 Allen Brook Lane	<input type="checkbox"/> Disputed	
	Williston, VT 05495	Basis for the claim: Retail Product Purchased	
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _		

3.77	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$6,520.42
	BOOKING.COM B.V.	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	5295 PAYSPHERE CIRCLE	<input type="checkbox"/> Disputed	
	CHICAGO, IL 60674-5295	Basis for the claim: Services for marketing of hotel rooms	
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _		

3.78	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$34,880.00
	Brad & Melissa Porter	<input type="checkbox"/> Contingent	
	12 Halls Rd	<input type="checkbox"/> Unliquidated	
	Westbrook, CT 06498	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.79	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,000.00
	Bradley & Amy Morris	<input type="checkbox"/> Contingent	
	71 Woodford Hill Dr.	<input type="checkbox"/> Unliquidated	
	Avon, CT 06081	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Hermitage Club, LLC Name		Case number (if known) 19-20904
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3.80	Nonpriority creditor's name and mailing address Brant & Jamie Behr 67 Highland Ave Norwalk, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address Brendan & Renee Gunderson 97 Old Washington Rd. Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address Brett & Susan Tejapaul 12 Meadowcroft Lane Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address Brian & Ali Kreiter 83 Roton Ave Rowayton, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address Brian & Allison Lorber 6 Rolling Hill Rd. Old Westbury, NY 11568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	Nonpriority creditor's name and mailing address Brian & Courtney O'Connor 63 Salem Straits Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address Brian & Katherine Coverdale 662 Linton Hill Rd. Newtown, PA 18440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.87	Nonpriority creditor's name and mailing address Brian & Lesley Sondey 74 Reade St. New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,090.00
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3.88	Nonpriority creditor's name and mailing address Brian & Linda Costello 5 Nolen Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
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3.89	Nonpriority creditor's name and mailing address Brown Advisory 99 High Street Attn: Dune and Neville Thorne Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Dune Thorne)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.90	Nonpriority creditor's name and mailing address BROWN ENTERPRISES, INC. Attn: President or General Mgr 50 SMITH HAVEN Lane SOUTH LONDONDERRY, VT 05155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,572.00
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3.91	Nonpriority creditor's name and mailing address Bruce & Carole Blueweiss 45 East End Ave. New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
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3.92	Nonpriority creditor's name and mailing address Bruce & Yanet Theuerkauf 17 Heather Hill Way Mendham, NJ 07945 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
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3.93	Nonpriority creditor's name and mailing address Bryan & Barbara Rosen 40 Vanderbilt Rd Manhasset, NY 11030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
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Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.94	Nonpriority creditor's name and mailing address BURR AND MCCALLUM ARCHITECTS Attn: President or General Mgr P O BOX 345 WILLIAMSTOWN, MA 01267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,530.00
3.95	Nonpriority creditor's name and mailing address BURRIS VENDING Attn: President or General Mgr 475 WEST HOUSATONIC Street DALTON, MA 01226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vending machine and arcade supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,767.45
3.96	Nonpriority creditor's name and mailing address C & R FLOORING Attn: President or General Mgr 378 WASHINGTON ST WESTWOOD, MA 02090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,886.60
3.97	Nonpriority creditor's name and mailing address CANANDAIGUA NAT'L BANK & TRUST Attn: President or General Mgr 72 S MAIN ST CANANDAIGUA, NY 14424-1999 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,711.99
3.98	Nonpriority creditor's name and mailing address CAPTIVE-AIRE SYSTEMS, INC. Attn: President or General Mgr 350 FAIRFIELD Avenue BRIDGEPORT, CT 06604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,274.84
3.99	Nonpriority creditor's name and mailing address CARBON'S GOLDEN MALTED Attn: President or General Mgr P O BOX 129 CONDORVILLE, PA 19331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,305.00
3.100	Nonpriority creditor's name and mailing address Carina & Fabio Calia 4 Deer Park Road New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.101	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$55,000.00
	Carl & Ginger Stickel	<input type="checkbox"/> Contingent	
	2 Birch Ln.	<input type="checkbox"/> Unliquidated	
	Greenwich, CT 06830	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.102	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$58,800.00
	Carl & Judy Ferenbach	<input type="checkbox"/> Contingent	
	2 Commonwealth Ave	<input type="checkbox"/> Unliquidated	
	Boston, MA 02116	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,000.00
	Carmen Martocchio & W Siracusa	<input type="checkbox"/> Contingent	
	151 Bamforth Road	<input type="checkbox"/> Unliquidated	
	Vernon, CT 06066	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52,000.00
	Carmino & Kelly Santomaro	<input type="checkbox"/> Contingent	
	85 5th St.	<input type="checkbox"/> Unliquidated	
	Stamford, CT 06905	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,400.00
	Carol & John Virzi Moleti	<input type="checkbox"/> Contingent	
	36-33 209th Street	<input type="checkbox"/> Unliquidated	
	Bayside, NY 11361	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52,000.00
	Caroline & Fell Herdeg	<input type="checkbox"/> Contingent	
	120 Barnegat Road	<input type="checkbox"/> Unliquidated	
	Pound Ridge, NY 10576	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$46,000.00
	Carter & Anne Sullivan	<input type="checkbox"/> Contingent	
	434 Mansfield Ave	<input type="checkbox"/> Unliquidated	
	Darien, CT 06820	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.108	Nonpriority creditor's name and mailing address CASCADE RESCUE Attn: President or General Mgr 1808 INDUSTRIAL Drive SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies purchased for Ski Patrol</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,778.00
3.109	Nonpriority creditor's name and mailing address Casey & Jennifer Donovan 95 Pine Ridge Dr Putney, VT 05346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.110	Nonpriority creditor's name and mailing address CASTAWAY MARINA Attn: President or General Mgr 2546 Route 9L Queensbury, NY 12804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Boat Maintenance and Repairs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$273.89
3.111	Nonpriority creditor's name and mailing address Catamount Carpet Cleaning Attn: President or General Mgr PO Box 566 Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.112	Nonpriority creditor's name and mailing address Cavoli's Grinding Attn: President or General Mgr 1921 BRoad SCHENECTADY, NY 12306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services performed for knife sharpening</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,152.00
3.113	Nonpriority creditor's name and mailing address CHAMONIX STAG'S LEAP ASSOC. Attn: President or General Mgr C/O TPW MANAGEMENT LLC PHOENIX, AZ 85082-0666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Developer Home owner association</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,065.75
3.114	Nonpriority creditor's name and mailing address Charles & Ana Collins 20 Prospect Ave Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.115	Nonpriority creditor's name and mailing address Charles & Kim Magloire Nafie 400 E 70th St. #3301 New York, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,510.34
<hr/>			
3.116	Nonpriority creditor's name and mailing address Charles & Sheri Daknis 34 Rivers Edge Drive Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,000.00
<hr/>			
3.117	Nonpriority creditor's name and mailing address CHARLES FISHER 147 RIDGEWOOD DR MYSTIC, CT 06355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Musician performance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
<hr/>			
3.118	Nonpriority creditor's name and mailing address Cheryl & Tom LaFlamme 126 Whites Rd., PO Box 1044 Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,000.00
<hr/>			
3.119	Nonpriority creditor's name and mailing address CHESHIRE HORSE, THE Attn: President or General Mgr 8 WHITTEMORE FARM Road SWANZEY, NH 03446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Feed and services for Horses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.72
<hr/>			
3.120	Nonpriority creditor's name and mailing address CHIEF EXECUTIVE GROUP LLC Attn: President or General Mgr Nine West Broad Street Ste 430 Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Integrated Executive Meetings Program</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,650.00
<hr/>			
3.121	Nonpriority creditor's name and mailing address Chip & Ilda Wood 95 Cayuga Ave. Oceanport, NJ 07757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.122	Nonpriority creditor's name and mailing address Chip & Vanessa Lewis 15 Thornbrook Lane Bedford, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,500.00
3.123	Nonpriority creditor's name and mailing address Chris & Charlotte Morello 12 Woodland Pl. Wilton, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,600.00
3.124	Nonpriority creditor's name and mailing address Chris & Chrstina Jagel 151 Riverview Rd. Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,064.32
3.125	Nonpriority creditor's name and mailing address Chris & Cindy Lynch 313 Landons Way Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.126	Nonpriority creditor's name and mailing address Chris & Danielle Hasenbein 128 Lake Dr. East Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,950.00
3.127	Nonpriority creditor's name and mailing address Chris & Denise Salafia 318 Roast Meat Hill Killingworth, CT 06419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,912.80
3.128	Nonpriority creditor's name and mailing address Chris & Ellen Nakatani 161 Grand St. Apt 4A New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00

Debtor	Hermitage Club, LLC Name		Case number (if known) 19-20904
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3.129	Nonpriority creditor's name and mailing address Chris & Haylee Milligan 300 North End Ave., Apt 3F New York, NY 10282 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,500.00
3.130	Nonpriority creditor's name and mailing address Chris & Heidi Zizza 274 Winch Street Framingham, MA 01701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.131	Nonpriority creditor's name and mailing address Chris & Jennifer Lasusa 302 Rosenbrook Rd. New Canaan, CT 06413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.132	Nonpriority creditor's name and mailing address Chris & Jill Drury 133 West 17th PHC New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
3.133	Nonpriority creditor's name and mailing address Chris & Kara Davis 313 Commonwealth Ave. #3 Boston, MA 02115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,000.00
3.134	Nonpriority creditor's name and mailing address Chris & Lee Franzek 60 Fox Wood Run Middletown, NJ 07748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00
3.135	Nonpriority creditor's name and mailing address Chris & Lisa Lawrence 112 Meeting House Rd. Haddam, CT 06438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,800.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.136	Nonpriority creditor's name and mailing address Chris & Patricia O'Neill 85 Asharoken Ave Asharoken, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Chris & Robin Biasotti 31 Beech Rd. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address Chris & Tammy Gessay 22 Valky Falls Rd. Vernon, CT 05360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Christine & Peter Whang Ko 377 Saint Ronan St New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address Christopher & Andriene Johnson 6 Cardinal Lane Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Christopher & Anna Toomey 30 Mayhew Ave. Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48,090.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address Christopher & Beth Ann Perrone 23 wallace st PH1 red bank, NJ 07701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Desc	Main Document	Page	Case number (if known)
Hermitage Club, LLC			124 of 231	19-20904
3.143	Nonpriority creditor's name and mailing address Christopher & Lori Croft 60 E. 96th St., 4E New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00	
3.144	Nonpriority creditor's name and mailing address Christopher & Paula Pink 186 E. 93rd St. New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00	
3.145	Nonpriority creditor's name and mailing address Christopher & Sharon Neuner 166 Washington Ave Chatham, NJ 07928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00	
3.146	Nonpriority creditor's name and mailing address Christopher & Sue Kurek 248 Old Stage Road Essex Junction, VT 05452 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00	
3.147	Nonpriority creditor's name and mailing address Christopher Nicotra 196 Pine Creek Avenue Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate-National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00	
3.148	Nonpriority creditor's name and mailing address CIGNA Healthcare Attn: President or General Mgr 1700 Lincoln St LL3 Denver, CO 80274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health Insurance Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,589.64	
3.149	Nonpriority creditor's name and mailing address CIRQUE MOUNTAIN APPAREL Attn: President or General Mgr PO BOX 9691 Avon, CO 81620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,655.00	

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.150	Nonpriority creditor's name and mailing address Citrix Online, LLC Attn: President or General Mgr PO BOX 50264 LOS ANGELES, CA 90074-0264 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.70
3.151	Nonpriority creditor's name and mailing address Clark - Mortenson Agency Inc. Attn: President or General Mgr 102 Main Street Keene, NH 03431 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>D&O Insurance tail policy, Membership Initiation Fee Redemption</u> <u>Value</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,724.90
3.152	Nonpriority creditor's name and mailing address Clarke Distribution Corp Attn: President or General Mgr 393 Fortune Boulevard Milford, MA 01757 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,368.27
3.153	Nonpriority creditor's name and mailing address Clarke Distribution Corporatio Attn: Jay & Michelle Clarke 393 Fortune Boulevard Milford, MA 01757 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate - National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.154	Nonpriority creditor's name and mailing address Claudia Cortez 5589 Kings Mills Road Mason, OH 45040 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Wages Earned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.52
3.155	Nonpriority creditor's name and mailing address Clifford & Lynn Gurnham 12 Brook Lane Guilford, CT 06437 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.156	Nonpriority creditor's name and mailing address CloudAlly Ltd Attn: President or General Mgr PO Box 393 Kfar Saba Isreal 4410301 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mail and Salesforce Backup</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,582.20

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.157	Nonpriority creditor's name and mailing address Cocoplum, Inc. Attn: President or General Mgr 1300 Putney Road Brattleboro, VT 05301-9104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment purchased for construction projects</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,434.10
3.158	Nonpriority creditor's name and mailing address Code42 Attn: President or General Mgr 100 Washington Ave S Ste 2000 Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Backup Workstations and Power Offiste</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,608.39
3.159	Nonpriority creditor's name and mailing address Coffee Barn Attn: President or General Mgr 321 ROUTE 100 WEST DOVER, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Third party vendor for coffee sales to consumer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,465.52
3.160	Nonpriority creditor's name and mailing address Colin & Jessie McFadzen 38 Kitchel Rd Mount Kisco, NY 10549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,000.00
3.161	Nonpriority creditor's name and mailing address Collin De La Bruere 82 Myrtle Street APT 5 Boston, MA 02114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit - Wedding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,047.50
3.162	Nonpriority creditor's name and mailing address COMMERCIAL CONS GROUP, LLC Attn: President or General Mgr 61-1 BUTTONBALL Road OLD LYME, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.163	Nonpriority creditor's name and mailing address COMMONS, THE Attn: President or General Mgr 139 Main St BRATTLEBORO, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services for print advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00

Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.164	Nonpriority creditor's name and mailing address Commonwealth Financial Group Attn: President or General Mgr 101 Federal Street Ste 800 Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Eric & Jen Spindt)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.165	Nonpriority creditor's name and mailing address Communication Corp of CT dba Makiaris Media Svcs 101 Centerpoint Drive Middletown, CT 06457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate - National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.166	Nonpriority creditor's name and mailing address COUNTRY CLUB ENTERPRISES Attn: President or General Mgr PO BOX 670 W WAREHAM, MA 02576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies purchased for Golf Cart repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.61
3.167	Nonpriority creditor's name and mailing address COUNTRYSIDE LOCK & ALRMS, INC. Attn: President or General Mgr 495 Old Turnpike Road Mount Holly, VT 05758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fire alarm monitoring testing performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.00
3.168	Nonpriority creditor's name and mailing address COX BUSINESS Attn: President or General Mgr DEPT 781110 PO BOX 78000 DETROIT, MI 48278-1110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Communications expense for Hartford Office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.44
3.169	Nonpriority creditor's name and mailing address Craig & Allison Werder 83 Duxbury Ln. Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.170	Nonpriority creditor's name and mailing address Craig & Anne Doersch 9 King Philip Tr. Sandy Hook, CT 06482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,800.00

Debtor	Name	Case number (if known)	19-20904
3.171	Nonpriority creditor's name and mailing address Craig & Theresa Bowling 627 Laurel Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
3.172	Nonpriority creditor's name and mailing address CRAIG DOERSCH PAINTING 9 KING PHILLIP TRAIL SANDY HOOK, CT 06482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Painting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,434.00
3.173	Nonpriority creditor's name and mailing address CRIQUET SHIRTS Attn: President or General Mgr 1603 S 1ST Street AUSTIN, TX 78704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,518.49
3.174	Nonpriority creditor's name and mailing address Crop Production Services Attn: President or General Mgr 4923 VT Route 22A Addison, VT 05491 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Golf Course Turf supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,520.06
3.175	Nonpriority creditor's name and mailing address Crystal Rock Attn: President or General Mgr PO BOX 10028 Waterbury, CT 06725-0028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Water Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.40
3.176	Nonpriority creditor's name and mailing address Curtis & Suzanne Spacavento 25 Whippoorwill Rd. East Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.177	Nonpriority creditor's name and mailing address DAF SERVICES, INC. Attn: President or General Mgr 20 LAWNACRE Road WINDSOR LOCKS, CT 06096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Field Technician Labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
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3.178	Nonpriority creditor's name and mailing address DAISY STONE STUDIO Attn: President or General Mgr 48 Pomeroy Avenue Pittsfield, MA 01201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Miscellaneous supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,488.35
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3.179	Nonpriority creditor's name and mailing address DALE OF NORWAY Attn: President or General Mgr 20 WINTERSPORT Lane Williston, 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,682.79
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3.180	Nonpriority creditor's name and mailing address Dale Ribaud 26 Country Club Lane East Granby, CT 06026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$487,063.36
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3.181	Nonpriority creditor's name and mailing address Dan & Barbara McLeod 411 Soundview Ave. Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,800.00
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3.182	Nonpriority creditor's name and mailing address Dan & Carrie Chandra 437 Brookside Rd. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
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3.183	Nonpriority creditor's name and mailing address Dan & Cheryl Earle 18 Edwin Court Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
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3.184	Nonpriority creditor's name and mailing address Dan & Connie Geoghan 500 E 85th St. Apt. 18A New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,390.00
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Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.185	Nonpriority creditor's name and mailing address Dan & Jennifer Malone 46 Linden Place Summit, NJ 07901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$29,960.00</u>
3.186	Nonpriority creditor's name and mailing address Dan & Karen Proscia 5 Yarmouth Dr Chatham, NJ 07928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,000.00</u>
3.187	Nonpriority creditor's name and mailing address Dan & Stacy Weinstein 31 Mockingbird Lane Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$68,000.00</u>
3.188	Nonpriority creditor's name and mailing address Dan & Terri Janki 3 Pump Ln. Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy - Suspended through 9/30/18</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$47,520.00</u>
3.189	Nonpriority creditor's name and mailing address Dan & Tracy Nichols 32 River Bend Rd. Trumbull, CT 06611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$62,000.00</u>
3.190	Nonpriority creditor's name and mailing address Dan Donnelly 252 E. 57th Street, Apt. 57B New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$57,600.00</u>
3.191	Nonpriority creditor's name and mailing address Dan Kilmurray 17 Cedarcliff Road Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,000.00</u>

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.192	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20,000.00
	Dana & Sarah Nielsen	<input type="checkbox"/> Contingent	
	87 Sunset Dr.	<input type="checkbox"/> Unliquidated	
	Weston, MA 02493	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.193	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52,000.00
	Dana O'Brien	<input type="checkbox"/> Contingent	
	60 Richardson Rd.	<input type="checkbox"/> Unliquidated	
	Dublin, NH 03444	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Guest 5 Year	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.194	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$26,000.00
	Daniel & Jeannine Thomasch	<input type="checkbox"/> Contingent	
	21 Pen Mor Drive	<input type="checkbox"/> Unliquidated	
	Muttontown, NY 11732	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.195	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,000.00
	Daniel & Jill Gordon Malkoun	<input type="checkbox"/> Contingent	
	77 Frogtown Rd	<input type="checkbox"/> Unliquidated	
	New Canaan, CT 06840	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.196	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$43,090.00
	Daniel & Jody Googel	<input type="checkbox"/> Contingent	
	15 Jeffery Lane	<input type="checkbox"/> Unliquidated	
	Chappaqua, NY 10514	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.197	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$37,850.00
	Daniel & Kurt Slye Ramnes	<input type="checkbox"/> Contingent	
	30 Bradford St.	<input type="checkbox"/> Unliquidated	
	Boston, MA 02118	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.198	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$500.00
	Daniel O'Connor & Sons Inc.	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	PO Box 500 45 BETHANY Road	<input type="checkbox"/> Disputed	
	Monson, MA 01057	Basis for the claim: Ski ChairLift Maintenance Vendor	
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _		

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.199	Nonpriority creditor's name and mailing address Daryl Johnson 93 MOUNTAIN Road ERVING, MA 01344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
3.200	Nonpriority creditor's name and mailing address Dave & Maria Otfinoski 49 Parkers Point Chester, CT 06412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.201	Nonpriority creditor's name and mailing address David & Ann Sagalyn Marks 779 Prospect Ave. West Hartford, CT 06105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.202	Nonpriority creditor's name and mailing address David & Beth Mercier 32 Horizon Ln. Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125,000.00
3.203	Nonpriority creditor's name and mailing address David & Elizabeth Klein 18 Middle Rd. Southborough, MA 01772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.204	Nonpriority creditor's name and mailing address David & Elizabeth Renehan 211 River Drive Tequesta, FL 33469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.205	Nonpriority creditor's name and mailing address David & James Green Taylor 175 Milton St. # 7 Milton, MA 02186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00

Debtor	Desc	Main Document	Page
Hermitage Club, LLC			133 of 231
Name		Case number (if known)	19-20904
3.206	Nonpriority creditor's name and mailing address David & Lauren Cohen 410 Hidden Valley Ct. Wyckoff, NJ 07481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.207	Nonpriority creditor's name and mailing address David & Lily Strine 42 Dan's Highway New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.208	Nonpriority creditor's name and mailing address David & Melissa Verlizzo 17 Stonehurst Lane Dix Hill, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.209	Nonpriority creditor's name and mailing address David & Tracy Marra 16 Sunswyck Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.210	Nonpriority creditor's name and mailing address David Bliss 58 Compo Mill Cove Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133,000.00
3.211	Nonpriority creditor's name and mailing address David Cameron 2 Sequan Road Watch Hill, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
3.212	Nonpriority creditor's name and mailing address David Koch 148 Weeburn Drive New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173,950.00

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.213	Nonpriority creditor's name and mailing address David Pinney 5 Woodside Circle Hartford, CT 06105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285,735.00
<hr/>			
3.214	Nonpriority creditor's name and mailing address DAVIS FRAME COMPANY Attn: President or General Mgr 513 RIVER Road CLAREMONT, NH 03743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,739.72
<hr/>			
3.215	Nonpriority creditor's name and mailing address Dawn & Tod Pike 26 Orchard Lane Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
<hr/>			
3.216	Nonpriority creditor's name and mailing address Deb Malloy 11 Upper Highlands Loop, 2 PO Box 217 West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
<hr/>			
3.217	Nonpriority creditor's name and mailing address Deidre & Matthew Kimble 10 Stafford Place White Plains, NY 10604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
<hr/>			
3.218	Nonpriority creditor's name and mailing address Dennis & Frances Bresnan 36 Valley Rd. Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,237.60
<hr/>			
3.219	Nonpriority creditor's name and mailing address Dennis & Tarah Bellamy 17 Main St. Vernon, CT 06066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.220	Nonpriority creditor's name and mailing address Dennis Stanek 1A Gleneagles Dr Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.221	Nonpriority creditor's name and mailing address Derek & Stacy Tietjen 21 Vista Dr. Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.222	Nonpriority creditor's name and mailing address Derek Grimes 125 Fells Rd. Essex Fells, NJ 07021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Single Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,160.00
3.223	Nonpriority creditor's name and mailing address DESCENTE NORTH AMERICA Attn: President or General Mgr 334 N MARSHALL SUITES A&B LAYTON, UT 84041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,270.20
3.224	Nonpriority creditor's name and mailing address DESTAFANO & CHAMBERLAIN Attn: President or General Mgr 50 THORPE Street FAIRFIELD, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,245.00
3.225	Nonpriority creditor's name and mailing address Devin & Laura Maher 40 Broad Street Apr. 18D New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.226	Nonpriority creditor's name and mailing address Devon & Allison Rausch 498 Flax Hill Rd. Norwalk, CT 06854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,520.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.227	Nonpriority creditor's name and mailing address DFT CONSTRUCTION Attn: President or General Mgr 16 Gladstone Avenue Wareham, MA 02571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00			
3.228	Nonpriority creditor's name and mailing address DGE MECHANICAL ON NH LLC Attn: President or General Mgr PO BOX 366 MARLBOROUGH, NH 03455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,984.49			
3.229	Nonpriority creditor's name and mailing address Diane McCormick 24 Bourne Avenue Sandwich, MA 02563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00			
3.230	Nonpriority creditor's name and mailing address DINSE, KNAPP & McANDREW, P.C. Attn: President or General Mgr 209 BATTERY Street BURLINGTON, VT 05402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,557.00			
3.231	Nonpriority creditor's name and mailing address DISANTO PROPANE Attn: President or General Mgr 11098 Route 31 NY, 14433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Propane provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00			
3.232	Nonpriority creditor's name and mailing address DLL FINANCIAL SOLUTION PARTNER Attn: President or General Mgr PO BOX 14535 DES MOINES, IA 50306-3535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.88			
3.233	Nonpriority creditor's name and mailing address DOCUSIGN Attn: President or General Mgr 221 MAIN Street San Francisco, CT 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT provider for document creation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,900.00			

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.234	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70,000.00
	Don & Denise Trooien	<input type="checkbox"/> Contingent	
	38 W. Medow Rd.	<input type="checkbox"/> Unliquidated	
	Wilton, CT 06897	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim: Family Legacy	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.235	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68,000.00
	Don & Joanne Ouchterloney	<input type="checkbox"/> Contingent	
	5 Tioga Court	<input type="checkbox"/> Unliquidated	
	New York, NY 10956	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim: Family Legacy	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.236	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70,000.00
	Don & Savanna Jabro	<input type="checkbox"/> Contingent	
	27 Brimmer St. #3	<input type="checkbox"/> Unliquidated	
	Boston, MA 02108	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim: Family Legacy	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.237	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,135.34
	DONALD ROSS SPORTSWEAR	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	P O BOX 4377	<input type="checkbox"/> Disputed	
	PINEHURST, NC 28374	Basis for the claim: Retail Product Purchased	
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

3.238	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Donna & Mike Staples	<input type="checkbox"/> Contingent	
	21 Sycamore Way	<input type="checkbox"/> Unliquidated	
	Wallingford, CT 06492	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred	Basis for the claim: Corporate- National	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.239	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$40,101.29
	DOONEY WOODWORKS LLC	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	105 River Road	<input type="checkbox"/> Disputed	
	Cos Cob, CT 06807	Basis for the claim: 	
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

3.240	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$267.07
	DOPPELMAYR	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	3160 WEST 500	<input type="checkbox"/> Disputed	
	South Salt Lake City, UT 84104	Basis for the claim: 	
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

Debtor	Name	Desc	Main Document	Page	Case number (if known)	Page 138 of 231
3.241	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$52,000.00	
Douglas & Eve Fishkin		<input type="checkbox"/> Contingent				
73 Burning Tree Rd.		<input type="checkbox"/> Unliquidated				
Greenwich, CT 06830		<input type="checkbox"/> Disputed				
Date(s) debt was incurred _		Basis for the claim: <u>Family Legacy</u>				
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.242	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$48,950.00	
Douglas & Sheri Donaldson		<input type="checkbox"/> Contingent				
1 Glen Lane		<input type="checkbox"/> Unliquidated				
Laurel Hollow, NY 11791		<input type="checkbox"/> Disputed				
Date(s) debt was incurred _		Basis for the claim: <u>Family Legacy</u>				
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.243	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$26,000.00	
Douglas Hollenbeck		<input type="checkbox"/> Contingent				
29 Timothy Drive		<input type="checkbox"/> Unliquidated				
Westerly, RI 02891		<input type="checkbox"/> Disputed				
Date(s) debt was incurred _		Basis for the claim: <u>Family Legacy</u>				
Last 4 digits of account number _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.244	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$3,400.00	
Dover Painting Company		<input type="checkbox"/> Contingent				
Attn: President or General Mgr		<input type="checkbox"/> Unliquidated				
PO Box 481		<input type="checkbox"/> Disputed				
West Dover, VT 05356		Basis for the claim: _				
Date(s) debt was incurred _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Last 4 digits of account number _						
3.245	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,338.04	
DUBOIS & KING INC.		<input type="checkbox"/> Contingent				
Attn: President or General Mgr		<input type="checkbox"/> Unliquidated				
PO BOX 339		<input type="checkbox"/> Disputed				
RANDOLPH, VT 05060		Basis for the claim: _				
Date(s) debt was incurred _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Last 4 digits of account number _						
3.246	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$175.00	
DWYER FLOOR COVERING		<input type="checkbox"/> Contingent				
Attn: President or General Mgr		<input type="checkbox"/> Unliquidated				
7 CATTIN Drive		<input type="checkbox"/> Disputed				
WILMINGTON, VT 05363		Basis for the claim: _				
Date(s) debt was incurred _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Last 4 digits of account number _						
3.247	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,218.75	
EAS CONSULTING, LLC		<input type="checkbox"/> Contingent				
Attn: President or General Mgr		<input type="checkbox"/> Unliquidated				
32 Thornton Road		<input type="checkbox"/> Disputed				
Londonderry, NH 03053		Basis for the claim: <u>Accounting Software Consulting services</u>				
Date(s) debt was incurred _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Last 4 digits of account number _						

Debtor	Name	Case number (if known)	19-20904
3.248	Nonpriority creditor's name and mailing address Eddie & Carolyn Blumenthal 121 Stoner Drive West Hartford, CT 06107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,000.00
3.249	Nonpriority creditor's name and mailing address Edward & Pamela Tomer 60 Sundance Dr. Cos Cob, CT 06807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
3.250	Nonpriority creditor's name and mailing address Edward & Sun Wishik 44 Ackerman Rd Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.251	Nonpriority creditor's name and mailing address Eliseo & Debbie Sampayo 39 Woodbing Ave. Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,000.00
3.252	Nonpriority creditor's name and mailing address Eliz Beloff & Greg Masterson 91 Middle Rd. Southborough, MA 01772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,249.18
3.253	Nonpriority creditor's name and mailing address Elizabeth Eileen Walker 12792 Cinnamon Way Palm City, FL 34990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.254	Nonpriority creditor's name and mailing address ELLIS BOXER BLAKE PLLC ATYS Attn: President or General Mgr 24 SUMMER HILL Street SPRINGFIELD, VT 05156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,080.95

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.255	Nonpriority creditor's name and mailing address Emilio & Janice Mignanelli 732 Whitebirch Road Washington Twp, NJ 07676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
3.256	Nonpriority creditor's name and mailing address Emily & Chad Dreas 5 Crow Ave Rowayton, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,090.00
3.257	Nonpriority creditor's name and mailing address ENGLISH WOLF MUSIC LLC Attn: President or General Mgr 61 High View Circle Gilford, NH 03249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.258	Nonpriority creditor's name and mailing address Enzo & Connie Reale 139 New Road Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,200.00
3.259	Nonpriority creditor's name and mailing address Eric & Ellen Cantos 109 Firestone Circle Roslyn, NY 11576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.260	Nonpriority creditor's name and mailing address Eric & Heather Boyriven 5 Glen Terrace Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,500.00
3.261	Nonpriority creditor's name and mailing address Eric & Jeanne Bickford 5 Laurel Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.262	Nonpriority creditor's name and mailing address Eric Roemer 49 Birch Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$25,520.00
3.263	Nonpriority creditor's name and mailing address Erica & David Napach 21 Roberts Road New City, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$51,500.00
3.264	Nonpriority creditor's name and mailing address ESI Attn: President or General Mgr 55 CHAMBERLAIN ST WELLSVILLE, NY 14895 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Assistance Programs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$2,525.40
3.265	Nonpriority creditor's name and mailing address EUROSOCKS INTERNATIONAL Attn: President or General Mgr 4575 S COACH DR TUCSON, AZ 85714-3403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$1,648.51
3.266	Nonpriority creditor's name and mailing address Eva & Chris Hessert 15 Pebblebrook Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$58,000.00
3.267	Nonpriority creditor's name and mailing address EZ WAY RENTAL CENTER Attn: President or General Mgr 115 COUNTY Street BENNINGTON, VT 05201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Kitchen Supplies Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$469.45
3.268	Nonpriority creditor's name and mailing address F.W. WEBB COMPANY Attn: President or General Mgr 160 MIDDLESEX Turnpike BEDFORD, MA 01730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$668.75

Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

3.269	Nonpriority creditor's name and mailing address Fairpoint Communications Attn: President or General Mgr PO Box 5200 White River Junction, VT 05001-5200 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67,230.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Internet and Phone service provider fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	Nonpriority creditor's name and mailing address FALVEY POOLS & SPAS Attn: President or General Mgr 234 ELLIOT ST BRATTLEBORO, VT 05301-3115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,846.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pool and Spa services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.271	Nonpriority creditor's name and mailing address FASTENAL COMPANY Attn: President or General Mgr P O BOX 1286 WINONA, MN 55987-1286 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$293.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.272	Nonpriority creditor's name and mailing address FATBOY COOKIE COMPANY Attn: President or General Mgr 140 GREENWOOD Avenue UNIT 2A MIDLAND PARK, NJ 07432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,592.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Food Product Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.273	Nonpriority creditor's name and mailing address FEAD CONSTRUCTION LAW Attn: President or General Mgr 1233 SHELBURNE Road Ste 300 SOUTH BURLINGTON, VT 05403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,454.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Construction Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.274	Nonpriority creditor's name and mailing address FedEx Attn: President or General Mgr PO Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,295.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Shipping services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.275	Nonpriority creditor's name and mailing address Fintan & Helen Ryan 40 Oriole St. Pearl River, NY 10905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.276	Nonpriority creditor's name and mailing address FIRSTLIGHT Attn: President or General Mgr PO BOX 495 BELLOWS FALLS, VT 05101-0495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,915.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet service provider fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.277	Nonpriority creditor's name and mailing address FIS GROUPE SPORTS Attn: President or General Mgr 35 LEA SORBIERA LAVAL QC H7R 1E5 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,172.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.278	Nonpriority creditor's name and mailing address FIVE STAR GOLF & UT'Y VEHICLES Attn: President or General Mgr 29 HIDDEN CREEK Drive SCARBOROUGH, ME 04074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,859.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Golf Cart repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.279	Nonpriority creditor's name and mailing address FLEISHMAN-HILLARD INC. Attn: President or General Mgr 855 BOYLSTON Street 5th FL BOSTON, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,567.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Publishing Company for marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.280	Nonpriority creditor's name and mailing address Ford Credit Attn: President or General Mgr 93 EXCHANGE Street PORTLAND, ME 04112-4508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,942.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.281	Nonpriority creditor's name and mailing address Ford Credit Attn: President or General Mgr PO BOX 220564 PITTSBURGH, PA 15257-2564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,977.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.282	Nonpriority creditor's name and mailing address Foster Materials Attn: President or General Mgr 1778 Old Concord Road Henniker, NH 03242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,340.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rock/Sand Material Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.283	Nonpriority creditor's name and mailing address Frank & Allison Stadelmaier 40 East 94th Street, Apt. 70 New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.284	Nonpriority creditor's name and mailing address Frank & Karen Knapp 39 Cedar Gate Rd. Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.285	Nonpriority creditor's name and mailing address Frank & Susan Wilk 354 Pennock Lane Rutland, VT 05701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,025.00
3.286	Nonpriority creditor's name and mailing address Frank Cotrona 5 Laurelwood Dr Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.287	Nonpriority creditor's name and mailing address Frank DeCarlo 145 Stowe Gate Trail Cresskill, NJ 07626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.288	Nonpriority creditor's name and mailing address Fred & Susan Pazmino 185 S. County Rd. Leyden, MA 01301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.289	Nonpriority creditor's name and mailing address Frederick & Sylvia Fogel 45 Old Farm Rd. Wellesley, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.290	Nonpriority creditor's name and mailing address Frederik & Jan Van Der Weijden 4 Cook Rd Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,520.00
3.291	Nonpriority creditor's name and mailing address FRIENDS OF THE SUN, LTD. Attn: President or General Mgr 532 PUTNEY Road BRATTLEBORO, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,045.69
3.292	Nonpriority creditor's name and mailing address FROST WELL & PUMPS, INC. Attn: President or General Mgr P O BOX 476 EAST DORSET, VT 05253 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Well Service and repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,675.86
3.293	Nonpriority creditor's name and mailing address G. Housen & Co, Inc. Attn: President or General Mgr 1568 Putney Road Brattleboro, VT 05304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>National Corporate Membership</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.294	Nonpriority creditor's name and mailing address Galvin Green 35 Tower LN-Lower Level Avon, Ct 00600-1423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,038.00
3.295	Nonpriority creditor's name and mailing address Garold & Katharine Miller 4 Mohawk Dr. West Hartford, CT 06117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00
3.296	Nonpriority creditor's name and mailing address Gary & Andrea McLaughlin 11 Van Duyne Road Mountain Lakes, NJ 07046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Membership Initiation Fee Redemption Value</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00

Debtor	Name	Case number (if known)
Hermitage Club, LLC		19-20904
3.297	Nonpriority creditor's name and mailing address Gary & Maia Elfont 103 79th St. New York, NY 11209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.298	Nonpriority creditor's name and mailing address Gary Rothschild 141 Loring Avenue Pelham, NY 10803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.299	Nonpriority creditor's name and mailing address GC BUILDERS Attn: President or General Mgr 349 Russell Road Langdon, NH 03602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,138.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.300	Nonpriority creditor's name and mailing address GEAR FOR SPORTS, INC. Attn: President or General Mgr 9700 COMMERCE PARKWAY LENEXA, KS 66219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,105.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.301	Nonpriority creditor's name and mailing address GEISE ENGINEERING, INC. Attn: President or General Mgr 375 LINCOLN ST NORTHUMBERLAND, PA 17857 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$390.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ski ChairLift Maintenance Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.302	Nonpriority creditor's name and mailing address George & Celeste Shapiro 25 Old Sprain Rd. Ardsley, NY 10502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.303	Nonpriority creditor's name and mailing address George & Karen Kaltner Avatar Technologies 2 Dickel Road Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53,950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.304	Nonpriority creditor's name and mailing address George & Patricia Fay 1925 Main Street Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$16,000.00
3.305	Nonpriority creditor's name and mailing address GETSNO LLC Attn: President or General Mgr 1778 VT RTE 105 NEWPORT, VT 05855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$2,583.66
3.306	Nonpriority creditor's name and mailing address GILMAN & BRIGGS ENVIRO, INC. Attn: President or General Mgr 1 CONTI CIRCLE SUITE 5 BARRE, VT 05641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Envnironmental Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$1,060.00
3.307	Nonpriority creditor's name and mailing address GIS Benefits Attn: President or General Mgr NEED ADDRESS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$2,493.89
3.308	Nonpriority creditor's name and mailing address Glen & Alexis Mclachlan 7 Squirrel Hill Rd. Wayland, MA 01778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$37,900.00
3.309	Nonpriority creditor's name and mailing address Glen & Ayelet Pollner 29 Hitching Post Lane Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$54,000.00
3.310	Nonpriority creditor's name and mailing address Glenn & Laura Tobias 315 Stanwich Rd. Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$46,800.00

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.311	Nonpriority creditor's name and mailing address Gordon & Christina Schmidt 74 Warren Glen Burlington, CT 06013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
3.312	Nonpriority creditor's name and mailing address GRAINGER Attn: President or General Mgr DEPT 882648231 PALATINE, IL 60038-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Safety Parts Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.45
3.313	Nonpriority creditor's name and mailing address Grassland Equipment Attn: President or General Mgr 892-898 Troy-Schenectady Road Latham, NY 12110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Repari parts purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,936.53
3.314	Nonpriority creditor's name and mailing address GREEN MOUNTAIN TENT RENTALS Attn: President or General Mgr P O Box 58 Townshend, VT 05353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Event Rentals</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,602.01
3.315	Nonpriority creditor's name and mailing address GREEN MTN. CONCERT SVCS INC. Attn: President or General Mgr PO BOX 4208 BURLINGTON, VT 05406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Event Setup Labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,835.51
3.316	Nonpriority creditor's name and mailing address Greg & Abbie Park 357 w. 12th st. New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,200.00
3.317	Nonpriority creditor's name and mailing address Greg & Colleen Gewirtz 110 Country View Dr. Freehold, NJ 07728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,520.00

Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.318	Nonpriority creditor's name and mailing address Greg & Julia Gilbert 121 Doubling Rd Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,800.00
3.319	Nonpriority creditor's name and mailing address Greg & Kelly Tschantz Butz 18 Old Wagon Rd Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.320	Nonpriority creditor's name and mailing address Greg & Lori Dyer 25 Mead Rd Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,640.00
3.321	Nonpriority creditor's name and mailing address Greg & Meghan Rosen 170 East End Ave., Apt. 8D New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,800.00
3.322	Nonpriority creditor's name and mailing address Gregg & Danielle Clark 8 Willowmere Ave. Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
3.323	Nonpriority creditor's name and mailing address Gregory & Sara Parent 227 Hollow Tree Ridge Road Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00
3.324	Nonpriority creditor's name and mailing address Guy E. Nido, Inc. Attn: President or General Mgr 193 Route 100 Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Heating Fuel Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,618.06

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.325	Nonpriority creditor's name and mailing address GW Sk, Inc dba First Trax Spor Attn John Grush & Mark Wallace 5 Mountain Park Plaza Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- Local</u> <u>(Mark Wallace/John Grush)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,336.00			
3.326	Nonpriority creditor's name and mailing address H2O GUY Attn: President or General Mgr 256 DOVER HILL Road EAST DOVER, VT 05341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Water testing service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,640.00			
3.327	Nonpriority creditor's name and mailing address Hardin & Jenn Gray 9 Tipping Rock Rd. Stonington, CT 06378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.328	Nonpriority creditor's name and mailing address HARRINGTON STEEL LLC Attn: President or General Mgr 1185 Glastenbury Road Shaftsbury, VT 05262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,156.00			
3.329	Nonpriority creditor's name and mailing address HARTFORD STEAM BOILER Attn: President or General Mgr 21045 NETWORK PLACE CHICAGO, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00			
3.330	Nonpriority creditor's name and mailing address HAYDEN PLMB & HEATING, INC. Attn: President or General Mgr 268 Benmont Avenue BENNINGTON, VT 05201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00			
3.331	Nonpriority creditor's name and mailing address HCAREERS Attn: President or General Mgr C/O BANK OF AMERICA CHICAGO, IL 60674-8242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$734.00			

Debtor	Name	Desc	Main Document	Page	151 of 231
Debtor	Hermitage Club, LLC			Case number (if known)	19-20904
3.332	Nonpriority creditor's name and mailing address HEAD TOYROLIA WINTERSPORTS Attn: President or General Mgr 25829 NETWORK PLACE CHICAGO, IL 60673-1258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ski Rental Forms Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$868.63
3.333	Nonpriority creditor's name and mailing address Heather Frahm & Bill Cronin 7 Lawrence Road Weston, MA 02493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$52,000.00
3.334	Nonpriority creditor's name and mailing address Helena Chemical Co. Attn: President or General Mgr 225 Schilling Blvd Suite 300 Collierville, TN 38017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Turf Chemicals Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$2,916.75
3.335	Nonpriority creditor's name and mailing address HELMHOLZ FINE ART, LLC. Attn: President or General Mgr 315 PEACE Street DORSET, VT 05251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sculpture purchase</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$7,000.00
3.336	Nonpriority creditor's name and mailing address HESTRA GLOVES LLC Attn: President or General Mgr 600 CORPORATE CIRCLE UNIT H GOLDEN, CO 80401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$3,355.83
3.337	Nonpriority creditor's name and mailing address Higgins Attn: President or General Mgr 777 Broadway South Portland, ME 04106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Printing Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$8,002.53
3.338	Nonpriority creditor's name and mailing address HIGH PEAKS SOUND INC Attn: President or General Mgr 386 BURGOYNE Road SARATOGA SPRINGS, NY 12866 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$100.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.339	Nonpriority creditor's name and mailing address HOLLISTER HILL CNSLT, LLC. Attn: President or General Mgr 3061 Hollister Hill Road Marshfield, VT 05658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Environmental ANR Consulting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,948.35			
3.340	Nonpriority creditor's name and mailing address HOLLMAN Attn: President or General Mgr 1825 W WALNUT HILL Lane IRVING, TX 75038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lockers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,933.72			
3.341	Nonpriority creditor's name and mailing address HORIZON FORESTRY, LLC Attn: President or General Mgr 18154 Brentwood Lane Gordonsville, VA 22942 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trail Brush cutting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,660.00			
3.342	Nonpriority creditor's name and mailing address Howard & Ellyn Kotkin 8 Baileys Mill Rd Basking Ridge, NJ 07920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.343	Nonpriority creditor's name and mailing address Hunter Amenities Int'l LTD Attn: President or General Mgr 1205 Corporate Drive Burlington, Ontario L7L 5V5 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$945.10			
3.344	Nonpriority creditor's name and mailing address Hunter Douglas Fab. Co. Inc Attn: President or General Mgr PO Box 405756 Atlanta, GA 30384-5756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,376.05			
3.345	Nonpriority creditor's name and mailing address HUNTINGTON NATIONAL BANK Attn: President or General Mgr PO BOX 182519 COLUMBUS, OH 43218-2519 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,602.36			

Debtor	Name	Case number (if known)	19-20904
3.346	Nonpriority creditor's name and mailing address Ian & Kaili Dilts 7 Woods End Rd. Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.347	Nonpriority creditor's name and mailing address IMPLUS/ICETREKKERS Attn: President or General Mgr PO BOX 13925 Durham, NC 27709-3925 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Safety Parts Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$915.92
3.348	Nonpriority creditor's name and mailing address Independent Outdoor III LLC Attn: Dave Gannon 4 Peach Hill Dr Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Dave & Nadine Gannon)</u> <u>(Jim & Jeanine Johnsen)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.349	Nonpriority creditor's name and mailing address Inkspot Press Attn: President or General Mgr 736 MAIN Street BENNINGTON, VT 05201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.97
3.350	Nonpriority creditor's name and mailing address INSPERITY Attn: President or General Mgr P O BOX 846055 DALLAS, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,858.55
3.351	Nonpriority creditor's name and mailing address Integra Companies Attn: President or General Mgr 18 White Tail Way Littleton, MA 01460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Doug & Eileen Long)</u> <u>(Dwight Long & Mary-Lu Rizzardi)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,000.00
3.352	Nonpriority creditor's name and mailing address Iron Mountain Attn: President or General Mgr 1000 CAMPUS DR COLLEGEVILLE, PA 19426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324.17

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.353	Nonpriority creditor's name and mailing address ISUZU FINANCE OF AMERICA, INC. Attn: President or General Mgr 7865 SOLUTION CENTER CHICAGO, IL 60677-7008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,555.85
3.354	Nonpriority creditor's name and mailing address Jack & Jennifer Murphy 140 Stoneleigh Rd. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.355	Nonpriority creditor's name and mailing address Jack & Judi Remondi 258 Bridle Trail Road Needham, MA 02492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,800.00
3.356	Nonpriority creditor's name and mailing address James & Ann Jacobs 5 Eagles Glen Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.357	Nonpriority creditor's name and mailing address James & Caroline Maynard 51 Elm Streer Westerly, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00
3.358	Nonpriority creditor's name and mailing address James & Catherine Winters 319 Old Mill Rd. St. James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.359	Nonpriority creditor's name and mailing address James & Emily Boshart 296 Mountain Ave Ridgewood, NJ 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.360	Nonpriority creditor's name and mailing address James & Heather Smith 14 Stoner Drive West Hartford, CT 06107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,298.34			
3.361	Nonpriority creditor's name and mailing address James & Jane Macri 2109 Broadway, Apt 1579 New York, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00			
3.362	Nonpriority creditor's name and mailing address James & Kathleen Winiarski 115 Drumlin Hill Rd Bolton, MA 01740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.363	Nonpriority creditor's name and mailing address James & Marcela Grover 21 Spring Street Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy - Suspended</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00			
3.364	Nonpriority creditor's name and mailing address James & Rachel Tully 6 Sharlin Dr West Simsbury, CT 06052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00			
3.365	Nonpriority creditor's name and mailing address James & Suzanne Jesse 3 Rustic Lane Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.366	Nonpriority creditor's name and mailing address JAMES NIEHUES, LLC Attn: President or General Mgr PO BOX 1913 LOVELAND, CO 80539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trail Map production</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00			

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.367	Nonpriority creditor's name and mailing address James Reyes 4655 Hawthorne Lane NW Washington, DC 20014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate- National (Reinhart) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.368	Nonpriority creditor's name and mailing address Jan Linhart 7 Orchard Dr. Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,000.00
3.369	Nonpriority creditor's name and mailing address Jaroslaw & Jadwiga Kalecinski 4 Viewpoint Rd. Ellington, CT 06029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.370	Nonpriority creditor's name and mailing address Jason & Becca Sherrill Hedberg 176 S. Mountain Ave. Montclair, NJ 07042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,800.00
3.371	Nonpriority creditor's name and mailing address Jason & Brooke Gies 64 Knollwood Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.372	Nonpriority creditor's name and mailing address Jason & Lauren Gross 155 Mill Rd. Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.373	Nonpriority creditor's name and mailing address Jason & Suzy Barnett 48 Arasley Ave West Irvington, NY 10533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Equity Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.374	Nonpriority creditor's name and mailing address Jay & Stephanie Gromek 309 3rd Street, Apt 1 J New York, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,020.00
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3.375	Nonpriority creditor's name and mailing address JEDRZIEWSKI DESIGNS Attn: President or General Mgr 1537 East Yale Avenue Salt Lake City, UT 84105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00
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3.376	Nonpriority creditor's name and mailing address Jeff & Denise Koslowsky 6 Brookline Rd. Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
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3.377	Nonpriority creditor's name and mailing address Jeff & Jessica Wheeler 745 Old Academy Rd. Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,420.00
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3.378	Nonpriority creditor's name and mailing address Jeff & Jill Bornstein 174 Branchville Road Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
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3.379	Nonpriority creditor's name and mailing address Jeff & Sam Lowe 91 Deerfield Lane North Pleasantville, NY 10570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00
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3.380	Nonpriority creditor's name and mailing address Jeff & Sara Colodny 58 Red Coat Road Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,000.00
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Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.381	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$57,250.00			
	Jeff Schor & Alex Trinkoff 1 Briarcliff Drive Port Washington, NY 11050	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.382	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$65,000.00			
	Jefferson & Juliette Ginieres 235 Easy 87th St. Apt. 2C New York, NY 10128	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.383	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$67,500.00			
	Jeffrey & Allison Wolf 5 Hickory Hill Roslyn Estates, NY 15576	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.384	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,000.00			
	Jeffrey & Diane Lipos 122 Farmstead Dr Glastonbury, CT 06033	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.385	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$54,000.00			
	Jeffrey & Lisa Alter 3 Woodland Rd. Belle Terre, NY 11777	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.386	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$50,900.00			
	Jenna Kieley & Nicholas Teeson 22 Pleasant St. Dover, MA 02030	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.387	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,000.00			
	Jeremy & Elizabeth Bixenman 325 North End Ave. Apt. 15Q New York, NY 10282	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.388	Nonpriority creditor's name and mailing address Jeremy Piccini 60 Cloverdale Ave. Paramus, NJ 07652 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,000.00			
3.389	Nonpriority creditor's name and mailing address Jerry ODwyer & Roberta Garceau 85 Bayberry Hill Rd Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.390	Nonpriority creditor's name and mailing address Jess & Mike Marullo-Dell'Aera 117 Goslee Rd Bantam, CT 06750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,660.00			
3.391	Nonpriority creditor's name and mailing address Jesse & Jessica Hiney 51 Sherwood Dr. Shoreham, NY 11786 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00			
3.392	Nonpriority creditor's name and mailing address JFP Consulting Services, P.C. Attn: President or General Mgr PO Box 10 Chester, VT 05143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Engineering Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,256.25			
3.393	Nonpriority creditor's name and mailing address Jim & Carrie Czapiga 68 Knolwood Dr. Hebron, CT 06248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,200.00			
3.394	Nonpriority creditor's name and mailing address Jim & Jennifer McCarroll 599 Lexington Ave. 26th Fl New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00			

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.395	Nonpriority creditor's name and mailing address Jim Ryan P.O. Box 663 Bondville, VT 05340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate - Local (Landscape Construction Svcs) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
3.396	Nonpriority creditor's name and mailing address Joe & Kathy Busuttill 19 Hunting Hollow Ct. Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.397	Nonpriority creditor's name and mailing address Joe & Donna Pastore 86 Peaceable St Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,685.60
3.398	Nonpriority creditor's name and mailing address Joe & Gina Lodi 47 Masterton Rd. Bronxville, NY 10708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.399	Nonpriority creditor's name and mailing address Joe & Kerry Dowling 32 Vernon Street Nahant, MA 01908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.400	Nonpriority creditor's name and mailing address Joe Bardenheier & Cam Bradley 30 Moorland Rd. Newport, RI 02840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,872.00
3.401	Nonpriority creditor's name and mailing address Joel Koral 253 Woodlands Drive Tuxedo Park, NY 10987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy / Secondary Membership Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.402	Nonpriority creditor's name and mailing address Johannes Boeckman 140 davis street Hamden, CT 06517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,000.00
3.403	Nonpriority creditor's name and mailing address John & Cecilia Kennedy 198 Kings Rd. Madison, NJ 07940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
3.404	Nonpriority creditor's name and mailing address John & Christine Maraganore 49 Constellation Warf Charlestown, MA 02129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.405	Nonpriority creditor's name and mailing address John & Crista Gannon 68 Hall Rd. Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
3.406	Nonpriority creditor's name and mailing address John & Eilene Grayken 100 Whitehead Rd. Cohasset, MA 02025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.407	Nonpriority creditor's name and mailing address John & Geraldine Arege 17 Paag Lane Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.408	Nonpriority creditor's name and mailing address John & Ioanna Donohue 25 Jennifer Ln. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Family Legacy Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.409	Nonpriority creditor's name and mailing address John & Karen Doyle 224 Hamilton Rd Ridgewood, NJ 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.410	Nonpriority creditor's name and mailing address John & Karen Heneghan 14 Hewlett Avenue Point Lookout, NY 11569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.411	Nonpriority creditor's name and mailing address John & Katie Fitzgerald 36 Kane Ave Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,146.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.412	Nonpriority creditor's name and mailing address John & Lesley Osborn 29 Arrowhead Way Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.413	Nonpriority creditor's name and mailing address John & Martha Babitt 121 Commodore Rd. Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.414	Nonpriority creditor's name and mailing address John & Maureen Maher 82 Whipstick Rd. Ridgefield, CT 06877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.415	Nonpriority creditor's name and mailing address John & Molly Reilly 188 Hoyt Farm Road New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.416	Nonpriority creditor's name and mailing address John & Rebecca Nesland 400 Beechwood Road Ridgewood, NJ 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
3.417	Nonpriority creditor's name and mailing address John & Rebecca Larkin 140 Franklin St. 2A New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.418	Nonpriority creditor's name and mailing address John & Rob Milligan 30 Union Park St. #304 Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,500.00
3.419	Nonpriority creditor's name and mailing address John & Robin Pavia 311 Silver Hill Rd Easton, CT 06612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,336.45
3.420	Nonpriority creditor's name and mailing address John & Shirley Grush 1752 East Dover Rd. East Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- Local</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,336.00
3.421	Nonpriority creditor's name and mailing address John & Stephanie Brodacki 558 Williams Street Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,400.00
3.422	Nonpriority creditor's name and mailing address John & Theresa Curran 1 Captain Copeland Rd. East Dover, VT 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.423	Nonpriority creditor's name and mailing address John & Trisha Stull 438 Thompson St. Glastonbury, CT 06038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
3.424	Nonpriority creditor's name and mailing address John & Wendy Visgilio 6 Whitman Lane Old Lyme, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.425	Nonpriority creditor's name and mailing address John Guminak Attn: President or General Mgr 51 Harris Road East Dover, VT 05341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Architecture Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,118.75
3.426	Nonpriority creditor's name and mailing address John Pavia 311 Silver Hill Road Easton, CT 06612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental program revenue</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,336.45
3.427	Nonpriority creditor's name and mailing address Jon & Catherine Levine 264 Salem Road Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,090.00
3.428	Nonpriority creditor's name and mailing address Jon & Kate Kaplan 280 Hollow Tree Ridge Rd. Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.429	Nonpriority creditor's name and mailing address Jon & Kathy Savastano 3 Saddle Lane Saint James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.430	Nonpriority creditor's name and mailing address Jon & Lara Rockman 55 Huckleberry Hill Rd. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.431	Nonpriority creditor's name and mailing address Jonathan & Heather Cody 131 Thayer Pond Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$68,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.432	Nonpriority creditor's name and mailing address Jonathan & Jo Cain 8114 Avalon Dr. East New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53,950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.433	Nonpriority creditor's name and mailing address Jonathan & Traci Chason 16 Huckleberry Road Hopkinton, MA 01748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.434	Nonpriority creditor's name and mailing address Jonathan Shockley 91 Joralemon St. Apt. 4 New York, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,278.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Junior Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.435	Nonpriority creditor's name and mailing address Jordan & Laura Frank 95 President Ave Providence, RI 02906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$61,040.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.436	Nonpriority creditor's name and mailing address Joseph & Janine Conti 76 Marlborough Road Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)
Hermitage Club, LLC		19-20904
3.437	Nonpriority creditor's name and mailing address Joseph & Jill Molko 245 East 72nd St. # 16F New York, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$47,438.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.438	Nonpriority creditor's name and mailing address Joseph & Kara Artiglere 1 Overlook Road Chatham, NJ 07928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$68,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.439	Nonpriority creditor's name and mailing address Joseph & Kimberly Willen 29 Bluff Point Road Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.440	Nonpriority creditor's name and mailing address Joshua & Bernadette Lane 6 Harvard St. Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.441	Nonpriority creditor's name and mailing address Joshua & Jennifer Solomon 80 Emerson Rd. Needham, MA 02492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$47,084.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.442	Nonpriority creditor's name and mailing address JP & Anne Van Arsdale 18 Split Tree Rd Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.443	Nonpriority creditor's name and mailing address Justin & Mina Meng 10 Rock Hill Lane Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.444	Nonpriority creditor's name and mailing address Justine & Jim Robertson 7 Gull Point Monmouth Beach, NJ 07750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$54,000.00
3.445	Nonpriority creditor's name and mailing address Kaity & Ken Allen 95 Edwardel Road Needham, MA 02492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$68,000.00
3.446	Nonpriority creditor's name and mailing address Kassbohrer Attn: President or General Mgr 8850 Double Diamond Parkway Reno, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Maintenance Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$20,036.16
3.447	Nonpriority creditor's name and mailing address Kate & Kevin Ward 783 Hale St Beverly Farms, MA 01915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$52,625.06
3.448	Nonpriority creditor's name and mailing address Kathleen & Bradley Hay 33 Briar Brae Road Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$26,000.00
3.449	Nonpriority creditor's name and mailing address Katie & Chris Brooks 3039 Route 30 Dorset, VT 05251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$47,520.00
3.450	Nonpriority creditor's name and mailing address Kaamil & Monica Gajrawala 24 Cambridge Way Weehawken, NY 07086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$27,500.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.451	Nonpriority creditor's name and mailing address Kayvan & Amanda Heravi 104 Beach Avenue Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.452	Nonpriority creditor's name and mailing address Keith & Elizabeth Getchell 27 Old Farm Rd. Hopkinton, MA 01748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.453	Nonpriority creditor's name and mailing address Keith & Rosanna Dougherty 7 Davis Dr. Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,160.00
3.454	Nonpriority creditor's name and mailing address Ken & Kaity Geren 28 Windrose Way Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,520.00
3.455	Nonpriority creditor's name and mailing address Kenneth & Pamela Corriveau 15 Old Orchard Road Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,000.00
3.456	Nonpriority creditor's name and mailing address Keri Jaye & Dave Fontano 336 Olde Stage Rd. Glastonbury, CT 06033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
3.457	Nonpriority creditor's name and mailing address Kerry & James Plutte 25 Brushy Hill Road Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00

Debtor	Name	Case number (if known)
Hermitage Club, LLC		19-20904
3.458	Nonpriority creditor's name and mailing address Kevin & Angela Siebrecht 8 Whispering Way Brookfield, CT 06804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.459	Nonpriority creditor's name and mailing address Kevin & Eileen Heneghan 177 Bayside Drive Point Lookout, NY 11569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.460	Nonpriority creditor's name and mailing address Kevin & Evonne Dunne 76 Cowdin Lane Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,961.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy - Suspended</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.461	Nonpriority creditor's name and mailing address Kevin & Judy Yao 9 The Glen Tenafly, NJ 07670 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.462	Nonpriority creditor's name and mailing address Kevin & Kristie Smith 107 Devonwood Lane New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.463	Nonpriority creditor's name and mailing address Kevin & Sharon Boucher 216 Bosque Rd. Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66,640.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.464	Nonpriority creditor's name and mailing address Kim & Rob Haisch 8 Meadow Lane Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.465	Nonpriority creditor's name and mailing address Kimberly & Bob Anderson 335 West Beach Rd. Charlestown, RI 02813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,160.00
3.466	Nonpriority creditor's name and mailing address KINROSS CASHMERE Attn: President or General Mgr PO Box 10546 Albany, NY 12201-0546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,771.57
3.467	Nonpriority creditor's name and mailing address Kirk & Claire Lehneis 21 Benenson Dr. Cos Cob, CT 06807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,410.00
3.468	Nonpriority creditor's name and mailing address KJUS NORTH AMERICA, INC. Attn: President or General Mgr 4940 Pearl East Circle STE 300 BOULDER, CO 80301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,194.32
3.469	Nonpriority creditor's name and mailing address KRAFT ENTERPRISE SYSTEMS, LLC Attn: President or General Mgr TEN CADILLAC DRIVE SUITE 380 BRENTWOOD, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Software Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,750.00
3.470	Nonpriority creditor's name and mailing address KRIMSON KLOVER Attn: President or General Mgr PO BOX 214 BOULDER, CO 80306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,060.65
3.471	Nonpriority creditor's name and mailing address Kris & Lauren Erickson 93 Thayer Dr. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,750.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.472	Nonpriority creditor's name and mailing address LA RESERVE, INC. Attn: President or General Mgr P O Box 7689 New York, NY 10150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$105.09
3.473	Nonpriority creditor's name and mailing address LABADORF ASSOCIATES, INC. Attn: President or General Mgr 9248 Moose County Place LAS VEGAS, NV 89178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$4,750.00
3.474	Nonpriority creditor's name and mailing address Landscape Construction Srvcs Attn: President or General Mgr PO Box 663 Bondville, VT 05340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(James Ryan and Eryn Badger)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$54,000.00
3.475	Nonpriority creditor's name and mailing address LANDSCAPE CONSTRUCTIONS INC. Attn: President or General Mgr POST OFFICE BOX 663 BONDVILLE, VT 05340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landscape Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$62,113.50
3.476	Nonpriority creditor's name and mailing address LANG DOOR & HARDWARE, LLC Attn: President or General Mgr 2 BROOKSIDE WEST HOOKSET, NH 03106-2518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$6,575.40
3.477	Nonpriority creditor's name and mailing address Larry & Christine Hesse 356 West Lake Ave Bay Head, NJ 08742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$46,000.00
3.478	Nonpriority creditor's name and mailing address Larry & Diane Kingsley 5 Pine Island Rd. Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$26,000.00

Debtor	Name	Case number (if known)	19-20904
3.479	Nonpriority creditor's name and mailing address Laura Hesse 12 Harbor View Dr Atlantic Highlands, NJ 07716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,000.00
3.480	Nonpriority creditor's name and mailing address Laurence Russian 39 Keofferam Rd. Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy / Secondary Memberships</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347,000.00
3.481	Nonpriority creditor's name and mailing address Lawrence & Eliz Wertheimer 124 East 93rd St. New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00
3.482	Nonpriority creditor's name and mailing address Laz Parking Attn: Michael J. Kuziak 15 Lewis Street Hartford, CT 06103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.483	Nonpriority creditor's name and mailing address Leader Distribution Systems Attn: President or General Mgr PO Box 8285 Brattleboro, VT 05304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Beverage distribution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,595.30
3.484	Nonpriority creditor's name and mailing address Leader Distribution Systems Attn: President or General Mgr 1556 Putney Road Brattleboro, VT 05304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Daniel & Jennifer Donovan)</u> <u>(John & Marcia Leader)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.485	Nonpriority creditor's name and mailing address LEDUC GIFTS & SPEC PROD, LLC Attn: President or General Mgr 15102 MINNETONKA IND. Rd MINNETONKA, MN 55345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.66

Debtor	Name	Case number (if known)	19-20904
3.486	Nonpriority creditor's name and mailing address Leigh & Amy Small 73 Sunset Beach Rd. Branford, CT 06405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.487	Nonpriority creditor's name and mailing address Leitner-Poma Service, Inc. Attn: President or General Mgr Dept 0819 Denver, CO 80256-0819 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ski ChairLift Maintenance Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.488	Nonpriority creditor's name and mailing address Len & Susan Kunin 149 Emery Dr. E Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
3.489	Nonpriority creditor's name and mailing address Lenny Veneziano 54 Reynal Road White Plains, NY 10605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.490	Nonpriority creditor's name and mailing address LH VT House, LLC Attn: President or General Mgr 101 N. Plains Industrial Road Building 1B Ste 3 Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,174,560.40
3.491	Nonpriority creditor's name and mailing address Linda & Charlie Goddard 18 Hemlock Drive Essex, CT 06426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.492	Nonpriority creditor's name and mailing address Lisa & Brian Yurko 51 Crafts Road Carmel, NY 10512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00

Debtor	Name	Case number (if known)	19-20904
3.493	Nonpriority creditor's name and mailing address Liviu & Giselle Vogel 257 Lyons Plain Rd. Weston, CT 06883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.494	Nonpriority creditor's name and mailing address LOCKE LORD LLP Attn: President or General Mgr P O BOX 301170 DALLAS, TX 75303-1170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,803.13
3.495	Nonpriority creditor's name and mailing address LOGMEIN.COM Attn: President or General Mgr PO BOX 50264 LOS ANGELES, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business software service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,387.10
3.496	Nonpriority creditor's name and mailing address Lorista Holdings Attn: President or General Mgr 101 N. Plains Industrial Road Building 1B Ste 3 Wallingford, CT 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,174,560.40
3.497	Nonpriority creditor's name and mailing address Lou Garcia 128 West Hills Rd. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178,750.00
3.498	Nonpriority creditor's name and mailing address LOUD CANVAS Attn: President or General Mgr 2 ALEX COURT SOMERSWORTH, NH 03878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Web Hosting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.499	Nonpriority creditor's name and mailing address Louis Chenevert 8 Atwater Terrace Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.500	Nonpriority creditor's name and mailing address LOVE SAM Attn: President or General Mgr 225 WEST 35 ST NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,173.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.501	Nonpriority creditor's name and mailing address Lucas & Caitlin Turton 32 Rutland St. 1R Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.502	Nonpriority creditor's name and mailing address Luke & Caitlin Walsh 57 Chichester Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.503	Nonpriority creditor's name and mailing address LYNDE WELL DRILLING INC. Attn: President or General Mgr 5345 Hinesburg Road Guilford, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$392.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Well Service and repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.504	Nonpriority creditor's name and mailing address Mackae & Carisa Sykes 35 Keoffevlam Rd. Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,160.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.505	Nonpriority creditor's name and mailing address Mag & Cecilia Hassan 436 Frogtown Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.506	Nonpriority creditor's name and mailing address Manny & Minerva Rodrigues 131 Old Kings Highway Wilton, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
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3.507	Nonpriority creditor's name and mailing address Marc & Lauren Slayton 500 West End Ave, Apt GA New York, NY 10024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
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3.508	Nonpriority creditor's name and mailing address Marc & Maggie Anderson 185 Iron Ore Hill Rd. Bridgewater, CT 06752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,900.00
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3.509	Nonpriority creditor's name and mailing address Marc & MaryAnn Beliveau 115 Silo Drive Rocky Hill, CT 06067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
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3.510	Nonpriority creditor's name and mailing address Margaret Metz 206 Roxbury Street, Apt 1 Keene, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Wages Earned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,569.31
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3.511	Nonpriority creditor's name and mailing address Maria & Andrew Lund 37 Maher Ave Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00
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3.512	Nonpriority creditor's name and mailing address Marie & Raymond Morena 24 The Fairway Oak Beach, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
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3.513	Nonpriority creditor's name and mailing address Marisa & Peter Dooney 55 Conyers Farm Dr. Greenwich, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
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Debtor	Desc	Main Document	Page	Case number (if known)
Hermitage Club, LLC				19-20904
Name				
3.514	Nonpriority creditor's name and mailing address Mark & Jamie Buschmann 359 Dan's Hwy New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$70,000.00
3.515	Nonpriority creditor's name and mailing address Mark & Jennifer Unferth 26 Barberry Lane Short Hills, NJ 07078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$13,400.00
3.516	Nonpriority creditor's name and mailing address Mark & Karen Amanti PO Box 1325 East Otis, MA 01029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$58,000.00
3.517	Nonpriority creditor's name and mailing address Mark & Kristen Wallace 193 Dover Hill Road East Dover, VT 05341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$54,000.00
3.518	Nonpriority creditor's name and mailing address Mark & Megan Abrahamsen 7 Rolling Ridge Road Wilton, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$58,800.00
3.519	Nonpriority creditor's name and mailing address Mark & Tara Metcalf 11 Revere Rd Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$44,000.00
3.520	Nonpriority creditor's name and mailing address Mark Brett 1 Four Mile Riker Rd. Old Lyme, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$486,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.521	Nonpriority creditor's name and mailing address Mark Shafir & Hillary Schafer 113 East 90th Street New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163,000.00
3.522	Nonpriority creditor's name and mailing address Marsden & David Kline 21 Ridgewood Rd Rowayton, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy; Secondary Membership</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,000.00
3.523	Nonpriority creditor's name and mailing address Mary Anne & Wes Stets 369 Taugwonk Road Stonington, CT 06378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.524	Nonpriority creditor's name and mailing address Mary Lou & Tim Ricci 505 Congress St #914 Boston, MA 02210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,800.00
3.525	Nonpriority creditor's name and mailing address Matlock & Amanda Schlumberger 20 Oak Ave. Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.526	Nonpriority creditor's name and mailing address Matt & Amy Somberg 48 Paddock Lane South Glastonbury, CT 06073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,624.80
3.527	Nonpriority creditor's name and mailing address Matt & Karen Durcan 20 Branch Dr. Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,950.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.528	Nonpriority creditor's name and mailing address Matt & Liz Curtis 14 Dellwood Ave. Chatham, NJ 07928 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.529	Nonpriority creditor's name and mailing address Matt & Marie Romanelli 121 Barcliff Rd. East Norwich, NY 11732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,590.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.530	Nonpriority creditor's name and mailing address Matt & Tracy Kaplan 32 Wawapek Rd Cold Spring Harbor, NY 11724 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.531	Nonpriority creditor's name and mailing address Matthew & Davina Small 912 F Street NW #705 Washington, DC 20004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.532	Nonpriority creditor's name and mailing address Matthew & Elizabeth Baird 74 Reade St. New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,590.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.533	Nonpriority creditor's name and mailing address Matthew & James Sobolewski 30 Lookout Circle Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.534	Nonpriority creditor's name and mailing address Matthew & Jenny Wiener 506 Long Ridge Rd Bedford, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,252.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

Case No.	Desc	Main Document	Page
3.535	Nonpriority creditor's name and mailing address Matthew & Jessica Stepanski 19 Conover Lane Rumson, NJ 07760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.536	Nonpriority creditor's name and mailing address Matthew & Katherine Maleska 188 Bishop Street New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,000.00
3.537	Nonpriority creditor's name and mailing address Matthew & Katie Meyers 34 Desbrosses St., #622 New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.538	Nonpriority creditor's name and mailing address Matthew & Nancy White 14 Butternut Ridge Newtown, CT 06470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00
3.539	Nonpriority creditor's name and mailing address Matthew & Susan Trokel 9 Saxon Rd. Newton, MA 02461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,000.00
3.540	Nonpriority creditor's name and mailing address Max & Suzie Jellinek 110 Nearwater Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,000.00
3.541	Nonpriority creditor's name and mailing address MERCEDES-BENZ Financial Svcs Attn: President or General Mgr P O BOX 5260 CAROL, IL 60197-5260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,826.01

Debtor	Name	Case number (if known)	19-20904
3.542	Nonpriority creditor's name and mailing address Meredith & Nick Brawer 11 Leafy Ln. Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,610.00
3.543	Nonpriority creditor's name and mailing address Merrill A. Mundell, Jr., P.E. Attn: President or General Mgr PO Box 866 Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Engineering and Surveying Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,256.25
3.544	Nonpriority creditor's name and mailing address METROPOLITAN PGA Attn: President or General Mgr PO BOX 59 SOUTH ROYALTON, VT 05068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,680.61
3.545	Nonpriority creditor's name and mailing address Michael & Allison Zampetti 203 E. 29th St. New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,408.00
3.546	Nonpriority creditor's name and mailing address Michael & Amy Cherry 17 Fawn Lane Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,520.00
3.547	Nonpriority creditor's name and mailing address Michael & Andrea McGough 223 W. 80th St., Apt 1 New York, NY 10024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.548	Nonpriority creditor's name and mailing address Michael & Ann Quattrochi 26 Bentley Lane Syosset, NY 11791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00

Debtor	Name	Case number (if known)
Hermitage Club, LLC		19-20904
3.549	Nonpriority creditor's name and mailing address Michael & Claudia Taglich 198 E Main Street Oyster Bay, NY 11771 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,840.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.550	Nonpriority creditor's name and mailing address Michael & Elizabeth Wilens 166 W. 18th St. New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,138.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.551	Nonpriority creditor's name and mailing address Michael & Jacqui Schein 240 E. 79th St., Apt 7CD New York, NY 10075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,246.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.552	Nonpriority creditor's name and mailing address Michael & Jennifer Steiner 2312 Ridgeway Road Wilmington, DE 19805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.553	Nonpriority creditor's name and mailing address Michael & Jessica Weaver 516 3rd St. Brooklyn, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.554	Nonpriority creditor's name and mailing address Michael & Kara Lech 26-2 Cove Road Lyme, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.555	Nonpriority creditor's name and mailing address Michael & Krystal Sachs 22 Perkins Road Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$63,080.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
Hermitage Club, LLC		19-20904
3.556	Nonpriority creditor's name and mailing address Michael & Lorie Pill 6 Lake Louise Dr. Westbrook, CT 06498 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.557	Nonpriority creditor's name and mailing address Michael & Lourdes Culnen 32 School House Ln. Morristown, NJ 07960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.558	Nonpriority creditor's name and mailing address Michael & Noemi Radziemski 633 North Broadway Nyack, NY 10960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.559	Nonpriority creditor's name and mailing address Michael & Rachel Gigliotti 55 Fairview Ave Stamford, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$68,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.560	Nonpriority creditor's name and mailing address Michael & Wendy Egan 19 Knapp Rd. Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,999.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.561	Nonpriority creditor's name and mailing address Michael Posillico 1750 New Highway Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.562	Nonpriority creditor's name and mailing address Microsoft Attn: President or General Mgr One Microsoft Way Redmond, WA 98052-7329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,830.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Email and Office Programs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.563	Nonpriority creditor's name and mailing address Mike & Heather Ferrone 112 Edge Hill Rd Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.564	Nonpriority creditor's name and mailing address Mike & Heidi Lariviere 31 Priscilla Road Wellesley Hills, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy - Suspended</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,220.00
3.565	Nonpriority creditor's name and mailing address Mike & Kelley Sanders 25 Wampus Ave. Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,800.00
3.566	Nonpriority creditor's name and mailing address Mike & Kelly Slomsky 9 Boulder Trail Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.567	Nonpriority creditor's name and mailing address Mike & Liz Kim 61 Curve St. Wellesley, MA 02482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.568	Nonpriority creditor's name and mailing address Mike & Molly Winn 7 Rocky Point Rd. Rowayton, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,220.00
3.569	Nonpriority creditor's name and mailing address Mike Quinn 745 Magic Circle Londonderry, VT 05148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>100k Club Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,442.85

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.570	Nonpriority creditor's name and mailing address Mike Tokarz 2525 Purchase St. Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157,000.00
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3.571	Nonpriority creditor's name and mailing address Mindy & Phil Lissner 528 Boulevard Westfield, NJ 07090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
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3.572	Nonpriority creditor's name and mailing address Modular Space Corporation Attn: President or General Mgr 12603 Collection Center Drive Chicago, IL 60693-0126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,075.44
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3.573	Nonpriority creditor's name and mailing address Molly & Guillaume de Ramel 58 Perry St. Newport, RI 02840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
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3.574	Nonpriority creditor's name and mailing address MONADNOCK ART PARTIES Attn: President or General Mgr 87 ASHUELOT ST KEENE, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trailer Rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,640.00
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3.575	Nonpriority creditor's name and mailing address MOORE BROTHERS BODY & PAINT Attn: President or General Mgr 797 100 NORTH P O BOX 1690 WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Towing Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.576	Nonpriority creditor's name and mailing address Morgan & Suzanne Connor 1 Red Coat Pass Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
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Debtor	Name	Desc	Main Document	Page	Case number (if known)	
3.577	Nonpriority creditor's name and mailing address Mount Snow Acad In Tandem LLC Attn: Elliot Cooperstone 25 Mount Snow Road West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- Local Membership</u> <u>(Elliot Sheldon Cooperstone)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00			
3.578	Nonpriority creditor's name and mailing address Mountain Plumbing & Heating Attn: President or General Mgr PO Box 687 Manchester Center, VT 05255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,665.82			
3.579	Nonpriority creditor's name and mailing address MTE TURF EQUIPMENT SOLUTIONS Attn: President or General Mgr 33 THRUWAY PARK Drive WEST HENRIETTA, NY 14586 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,041.79			
3.580	Nonpriority creditor's name and mailing address MTL INTERNATIONAL SERVICES Attn: President or General Mgr 3500 SEGOVIA Street CORAL GABLES, FL 33134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00			
3.581	Nonpriority creditor's name and mailing address MULTIMEDIA Attn: President or General Mgr 138 GUIDER Lane BETHEHEM, NH 03574-4320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00			
3.582	Nonpriority creditor's name and mailing address Nadene & James Worth 38 Darkin Rd Sudbury, MA 01776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00			
3.583	Nonpriority creditor's name and mailing address Nancy & Alan Morris 137 Remington Road Manhasset, NY 11030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00			

Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

3.584	Nonpriority creditor's name and mailing address Nancy & John Murphy 59 Mount Pleasant Road Newtown, CT 06470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.585	Nonpriority creditor's name and mailing address NANTEEKA GLOVES LLC Attn: President or General Mgr 1359 VAN DYKE Avenue SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,080.00
3.586	Nonpriority creditor's name and mailing address Natasha & Irwin Engan 35C Walpole St. Dover, MA 02030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,900.00
3.587	Nonpriority creditor's name and mailing address Nathan & Nicolette Klebacha 79 Carbrier Road Weston, CT 06883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.588	Nonpriority creditor's name and mailing address Nathan & Stine Romano 65 West 13th Street, 2b New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,400.00
3.589	Nonpriority creditor's name and mailing address Nathan & Zoe Owen 12 Kew Gardens Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.590	Nonpriority creditor's name and mailing address NATIONAL SKI PATROL Attn: President or General Mgr 133 SOUTH VAN GORDON ST SUITE 100 LAKEWOOD, CO 80228-1706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ski Patrol Dues</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$606.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.591	Nonpriority creditor's name and mailing address NATUROPATHICA Attn: President or General Mgr 74 MONTAUK HWY UNIT #23 EASTHAMPTON, NY 11937 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,364.19			
3.592	Nonpriority creditor's name and mailing address Neil & Rachel Blumenthal 37 West 12th Street Apt. 8J New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.593	Nonpriority creditor's name and mailing address Nelson & Beth Griggs 43 Highland Ave Rowayton, CT 06857 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			
3.594	Nonpriority creditor's name and mailing address NEW ENGLAND MAINTAINENCE DEPOT Attn: President or General Mgr 125 FRANK B MURRAY ST SPRINGFIELD, MA 01103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.89			
3.595	Nonpriority creditor's name and mailing address Nick & Christa Struk 1 Dew Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,218.00			
3.596	Nonpriority creditor's name and mailing address Nick & Jaime Botta 28 Warewoods Road Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00			
3.597	Nonpriority creditor's name and mailing address Nick & Kat Beevers 751 Lake Ave. Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,646.40			

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.598	Nonpriority creditor's name and mailing address Nick & Tracy Demmo 1 Hudson Road West Irvington, NY 10533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$78,000.00
3.599	Nonpriority creditor's name and mailing address NICOM COATINGS CORP Attn: President or General Mgr 140 INDUSTRIAL Lane BARRE, VT 05641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$30,802.80
3.600	Nonpriority creditor's name and mailing address Nicotra Classic Car Invst LLC c/o Olympia Properties Attn: Christopher Nicotra 142 Temple St Ste 304 New Haven, CT 06510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> <u>(Christopher Nicotra)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Unknown
3.601	Nonpriority creditor's name and mailing address NILS INC. Attn: President or General Mgr 3550 Cadillac Avenue Costa Mesa, CA 92626-1418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail product purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$6,159.22
3.602	Nonpriority creditor's name and mailing address NIVO SPORTS US INC. Attn: President or General Mgr 5290 THIMENS BLVD MONTREAL QUEBEC, H4R 2B2 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$2,032.18
3.603	Nonpriority creditor's name and mailing address Noah Goodman 90 Crestview Cir. Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RESIGNING FAMILY LEGACY AS OF 4/7/18, 100k</u> <u>Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$29,960.00
3.604	Nonpriority creditor's name and mailing address NOEL ASMAR UNIFORMS INC. Attn: President or General Mgr 306-2630 CROYDON Drive SURREY BC V3S 6T3 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uniform Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				\$1,454.70

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				
3.605	Nonpriority creditor's name and mailing address Noelle Richetelli 40 Harrisen St, Apt. 23A New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Single Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$56,020.00
3.606	Nonpriority creditor's name and mailing address Northern Building Supplies Inc dba WW Bldg Supply & Home Ctr Attn: Terri Druke 7 Loop Road Newfane, VT 05345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Edward and Terri Druke)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$44,000.00
3.607	Nonpriority creditor's name and mailing address NORTHSTAR FIREWORKS DISPLAYS Attn: President or General Mgr P O BOX 65 EAST MONTPELIER, VT 05651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fireworks supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$3,500.00
3.608	Nonpriority creditor's name and mailing address NUTMEG INT'L TRUCKS, INC. Attn: President or General Mgr 130 BRAINARD Road HARTFORD, CT 06114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$997.08
3.609	Nonpriority creditor's name and mailing address OSTERMAN PROPANE LLC Attn: President or General Mgr PO BOX 150 WHITINSVILLE, MA 01588-0150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fuel provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$305.84
3.610	Nonpriority creditor's name and mailing address OTIS ELEVATOR Attn: President or General Mgr 34 Sword St Auburn, MA 01501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Elevator inspection and repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$15,315.76
3.611	Nonpriority creditor's name and mailing address Parker & Hunter Stitzer 60 East 88th Street Apt. 3B New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$16,000.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.612	Nonpriority creditor's name and mailing address PARTY VISION, LLC Attn: President or General Mgr 20A NORTHWEST BLVD #217 NASHUA, NH 03063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00			
3.613	Nonpriority creditor's name and mailing address Patrick & Erika Kelly 13 Grace Street New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,600.00			
3.614	Nonpriority creditor's name and mailing address Patrick & Maria Aubry 29 Contessa Court Port Jefferson, NY 11777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,000.00			
3.615	Nonpriority creditor's name and mailing address Patrick & Michelle Pinto 4 Benson Ave. Westerly, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,800.00			
3.616	Nonpriority creditor's name and mailing address Paul & Cindy Scrudato 670 West End Ave #6B New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,430.00			
3.617	Nonpriority creditor's name and mailing address Paul & Kelly Verrochi 33 Beaver Place Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00			
3.618	Nonpriority creditor's name and mailing address Paul & Lucia DeLia 183 Cortlandt St. Croton On Hudson, NY 10520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy - Suspended</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,387.20			

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.619	Nonpriority creditor's name and mailing address Paul & Maria Scarpa 9 Indian Meadows Dr. Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,000.00
<hr/>			
3.620	Nonpriority creditor's name and mailing address Paul & Nancy Sedlack 12 Knollwood Lane Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
<hr/>			
3.621	Nonpriority creditor's name and mailing address Paul & Shannon Weymouth 317 Wrights Mill Rd. Coventry, CT 06238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
<hr/>			
3.622	Nonpriority creditor's name and mailing address Paul Scheier 210 Central Park South Apt 20A New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157,000.00
<hr/>			
3.623	Nonpriority creditor's name and mailing address Penny & Jason Geller 1 Cross Road Bedford, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
<hr/>			
3.624	Nonpriority creditor's name and mailing address PERRY'S FLOOR COVERING Attn: President or General Mgr PFC/AMP CARPET SUPPLY CO NORWICH, CT 06360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,537.00
<hr/>			
3.625	Nonpriority creditor's name and mailing address Pete & Tanya Schwarz 2 Hickory Lane Mount Kisco, NY 10549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.626	Nonpriority creditor's name and mailing address Peter & Amy Goodermote 5 Gardenia Ct. Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
<hr/>			
3.627	Nonpriority creditor's name and mailing address Peter & Christine Velyvis 335 Worcester Wellesley, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,750.00
<hr/>			
3.628	Nonpriority creditor's name and mailing address Peter & Dina Chase 273 Southdown Rd. Lloyd Harbor, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,000.00
<hr/>			
3.629	Nonpriority creditor's name and mailing address Peter & Janna Whalen 35 Norfolk Ave. Northampton, MA 01060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
<hr/>			
3.630	Nonpriority creditor's name and mailing address Peter & Jennifer Harding 1050 Old Academy Rd. Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
<hr/>			
3.631	Nonpriority creditor's name and mailing address Peter & Judy Turchin 45 East 72nd St New York, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,400.00
<hr/>			
3.632	Nonpriority creditor's name and mailing address Peter & Lisa Mundheim 22 Beach Ave. Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00

Debtor	Desc	Main Document	Page	Case number (if known)
Hermitage Club, LLC			194 of 231	19-20904
Name				
3.633	Nonpriority creditor's name and mailing address Peter & Patricia Lovell 48 Point Lookout East Milford, CT 06460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$30,000.00</u>
3.634	Nonpriority creditor's name and mailing address Peter Coleman 65 Pinehurst St Lido Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy / Secondary Memberships</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$1,471,000.00</u>
3.635	Nonpriority creditor's name and mailing address PETER MILES PO BOX 1621 WILMINGTON, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Musician</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$350.00</u>
3.636	Nonpriority creditor's name and mailing address PETER MILLAR 6449 -PO Box 7247 Philadelphia, PA 19170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$3,921.43</u>
3.637	Nonpriority creditor's name and mailing address Philip & Lauren Camp 935 Park Ave. #4 New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$57,520.00</u>
3.638	Nonpriority creditor's name and mailing address Philip & Valarie Greenberg 2 Post Lane Palisades, NY 10964 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$30,000.00</u>
3.639	Nonpriority creditor's name and mailing address PING Attn: President or General Mgr PO BOX 52450 PHOENIX, AZ 85072-2450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<u>\$5,568.31</u>

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.640	Nonpriority creditor's name and mailing address POWERPLAN Attn: President or General Mgr 8402 Excelsior Dr Madison, WI 53717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Parts and Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.25			
3.641	Nonpriority creditor's name and mailing address PREMIUM DENIM, LLC Attn: President or General Mgr PO BOX 5611443 DENVER, CO 80256-1443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,212.00			
3.642	Nonpriority creditor's name and mailing address PRESTWICK GROUP, INC. Attn: President or General Mgr W248 N5499 Executive Drive Sussex, WI 53089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,154.10			
3.643	Nonpriority creditor's name and mailing address PRG AMERICAS LLC Attn: President or General Mgr 804 READING ST STE C FOLSOM, CA 95630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,354.99			
3.644	Nonpriority creditor's name and mailing address PRIME TOUCH PAINTERS Attn: President or General Mgr PO Box 2141 West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Painting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,075.00			
3.645	Nonpriority creditor's name and mailing address PROGRESSIVE HOME BLDR CONST CO Attn: President or General Mgr 86 TALKING TREE Lane WOODFORD, VT 05201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,547.00			
3.646	Nonpriority creditor's name and mailing address PROGRESSIVE INSURANCE Attn: President or General Mgr PO BOX 105428 ATLANTA, GA 30348-5428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,216.30			

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.647	Nonpriority creditor's name and mailing address QUALITY INSULATION Attn: President or General Mgr 1 Pease Road Meredith, NH 03253-5506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,176.00			
3.648	Nonpriority creditor's name and mailing address R L Fuller Attn: President or General Mgr PO Box 132 Wilmington, VT 05363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$538.75			
3.649	Nonpriority creditor's name and mailing address R&R Communications Attn: President or General Mgr PO Box 10383 Swansey, NH 03446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$678.81			
3.650	Nonpriority creditor's name and mailing address R.B. ALLEN Attn: President or General Mgr P O BOX 770 NO HAMPTON, NH 03862-0770 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fire alarms</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00			
3.651	Nonpriority creditor's name and mailing address R.J. SHEPARD Attn: President or General Mgr P O BOX 169 WHITMAN, MA 02382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$779.11			
3.652	Nonpriority creditor's name and mailing address RAIN OR SHINE TENT CO. Attn: President or General Mgr 167 Wall St Grangerville, NY 12871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$782.17			
3.653	Nonpriority creditor's name and mailing address RALPH LAUREN CORPORATION Attn: President or General Mgr PO BOX 911371 DALLAS, TX 75391-1371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail product purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,745.98			

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.654	Nonpriority creditor's name and mailing address Randy & Lisa Ehrlich 21 Chieftan's Road Greenwich, CT 06832 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,020.00
<hr/>			
3.655	Nonpriority creditor's name and mailing address RANDY CORMIER PO BOX 14 DALTON, MA 01227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Musician performance payment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
<hr/>			
3.656	Nonpriority creditor's name and mailing address Ray & Christine Devault 19 Turner Rd. East Dover, VT 05341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,480.00
<hr/>			
3.657	Nonpriority creditor's name and mailing address READY CARE INDUSTRIES INC. Attn: President or General Mgr 15845 EAST 32ND Avenue AURORA, CO 80011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,571.94
<hr/>			
3.658	Nonpriority creditor's name and mailing address Rebecca & Gerry Esposito 11 Birch Rd. Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,000.00
<hr/>			
3.659	Nonpriority creditor's name and mailing address REGINA IMPORTS, LLC. Attn: President or General Mgr 73 Glenwood Place East Orange, NJ 07017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,499.73
<hr/>			
3.660	Nonpriority creditor's name and mailing address Regis & Tenley de Ramel 2207 Old Kennett Rd. Wilmington, DE 19807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00

Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

3.661	Nonpriority creditor's name and mailing address Reinhart Food Service Inc. Attn: James Reyes 248 Old Stage Road Essex Junction, VT 05452 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Christopher & Sue Kurek)</u> <u>(John & Ann Nolan)</u> <u>(Frederick & Patricia Casinelli)</u> <u>(James Reyes)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.662	Nonpriority creditor's name and mailing address Rentals Plus Attn: President or General Mgr 480 Marlboro Road Brattleboro, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,035.25
3.663	Nonpriority creditor's name and mailing address Resort Suite Attn: President or General Mgr 171 LIBERTY Street ON, M6K 3P6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Software service provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,174.96
3.664	Nonpriority creditor's name and mailing address RESURFICE CORP. Attn: President or General Mgr 25 Oriole Parkway East Elmira ONT N3B 3A9 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.15
3.665	Nonpriority creditor's name and mailing address Rich & Alex Baudouin 9 Indian Springs Rd Rowayton, CT 06853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.666	Nonpriority creditor's name and mailing address Rich & Jami Goldman 10 Quintard Ave Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,500.00
3.667	Nonpriority creditor's name and mailing address Rich & Kristen Locke 16 Constitution Dr. Southborough, MA 01772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy - Suspended</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.668	Nonpriority creditor's name and mailing address Richard & Darcy Katz 55 Farrington St Closter, NJ 07624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.669	Nonpriority creditor's name and mailing address Richard & Nancy St. Jean 32 Lowell Road Concord, MA 01742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.670	Nonpriority creditor's name and mailing address Rick & Jennie Diamond 307 Heights Rd. Ridgewood, VT 07450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.671	Nonpriority creditor's name and mailing address RINGEY, MARTIN G. P O BOX 60295 FLORENCE, MA 01062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,537.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.672	Nonpriority creditor's name and mailing address Rite Aid Attn: President or General Mgr PO BOX 360321 PITTSBURGH, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$466.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.673	Nonpriority creditor's name and mailing address Rob & Cara Raich 610 2nd St. Brooklyn, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.674	Nonpriority creditor's name and mailing address Rob & Denise Krzanowski 22 Links Court Sparta, NJ 07871 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Desc	Main Document	Page	Case number (if known)	Page 200 of 231
Hermitage Club, LLC					19-20904	
3.675	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,000.00			
	Rob & Jen King 83 Walbridge Rd. West Hartford, CT 06119	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Family Legacy</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.676	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$26,000.00			
	Rob & Julie Girschek 40 Joy Street Boston, MA 02114	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Family Legacy</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.677	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52,000.00			
	Rob Aubin 91 Old Sawmill Road Londonderry, VT 05148	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Family Legacy</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.678	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00			
	Rob Bliss 146 Dudley Rd. Wilton, CT 06897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Ambassador</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.679	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70,000.00			
	Robert & Bonnie Mongno 1710 Baptist Church Rd. Yorktown Heights, NY 10598	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Family Legacy</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.680	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$72,549.45			
	Robert & Cindy Rubin 4 Alpine Loop West Dover, VT 05356	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Family Legacy</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
3.681	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,000.00			
	Robert & Diane Mayer 158 Leber rd. Blauvelt, NY 10913	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Date(s) debt was incurred _	Basis for the claim: <u>Family Legacy</u>				
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor	Desc	Main Document	Page	Case number (if known)
Hermitage Club, LLC			201 of 231	19-20904
3.682	Nonpriority creditor's name and mailing address Robert & Elizabeth Mormile 9 Laurie Ln. Wallingford, PA 10986 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,340.80	
3.683	Nonpriority creditor's name and mailing address Robert & Melissa Savage 227 Canoe Hill Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00	
3.684	Nonpriority creditor's name and mailing address Robert & Mina Kim 311 Hardenburgh Ave. Demarest, NJ 07627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,000.00	
3.685	Nonpriority creditor's name and mailing address Robert & Susan Morgenthau 4682 Dodgewood Rd. Bronx, NY 10471 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00	
3.686	Nonpriority creditor's name and mailing address Robert Brody 63 Quorn Hunt Rd West Simsbury, CT 06092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129,520.00	
3.687	Nonpriority creditor's name and mailing address Robert Coffin 38 Beacon St., Unit 63 Boston, MA 02108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy / Secondary Memberships</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,946,000.00	
3.688	Nonpriority creditor's name and mailing address Robert Rubin 4 Alpine Loop West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting fees; bridge loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,000.00	

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
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3.689	Nonpriority creditor's name and mailing address Roger Cardinal 24 Bourne Ave Sandwich, MA 02563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
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3.690	Nonpriority creditor's name and mailing address Rogger & Isabelle Alvarado 4 Farrell Road Weston, CT 06883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,600.00
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3.691	Nonpriority creditor's name and mailing address Ron & Courtney Hansen 44 School House Rd. Wallingford, MA 06492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
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3.692	Nonpriority creditor's name and mailing address Ron & Laureen Shriberg 10 Saltaire Lane Bayville, NY 11709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
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3.693	Nonpriority creditor's name and mailing address Rosario & Alex Ruffino 4 Trailside Place Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
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3.694	Nonpriority creditor's name and mailing address Ross & Erin Wecker 146 Warren Ave, #5 Boston, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,000.00
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3.695	Nonpriority creditor's name and mailing address RSG INC. Attn: President or General Mgr 55 Railrow RIVER JUNCTION, VT 05001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Project management services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,330.81
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Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.696	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$60,400.00
	Russell & Carrie Wallack	<input type="checkbox"/> Contingent	
	49 Willow Rd	<input type="checkbox"/> Unliquidated	
	Riverside, CT 06878	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.697	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25,600.00
	Ryan & Lisa Primmer	<input type="checkbox"/> Contingent	
	27 Bitter Sweet Ln.	<input type="checkbox"/> Unliquidated	
	Darien, CT 06820	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.698	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$62,000.00
	Ryan & Michelle Hallam	<input type="checkbox"/> Contingent	
	415 Greenwich St., Apt 7H	<input type="checkbox"/> Unliquidated	
	New York, NY 10013	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.699	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,350.00
	S Consulting, LLC	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	393 Henry Avenue	<input type="checkbox"/> Disputed	
	Stratford, CT 06614	Basis for the claim: Construction Consulting	
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _		

3.700	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27,110.55
	SABIA TAIMAN, LLC	<input type="checkbox"/> Contingent	
	450 CHURCH Street	<input type="checkbox"/> Unliquidated	
	HARTFORD, CT 06103	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Attorney Fees	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.701	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$450.00
	SABIN FLOORING LLC	<input type="checkbox"/> Contingent	
	Attn: President or General Mgr	<input type="checkbox"/> Unliquidated	
	P O BOX 12	<input type="checkbox"/> Disputed	
	WEST WARDBORO, VT 05360	Basis for the claim: Construction	
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _		

3.702	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$68,000.00
	Samantha & Lucas Kelly	<input type="checkbox"/> Contingent	
	597 Westport Ave., Apt#A415	<input type="checkbox"/> Unliquidated	
	Norwalk, CT 06851	<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: Family Legacy	
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Desc	Main Document	Page
Hermitage Club, LLC			204 of 231
Case number (if known)		19-20904	
3.703	Nonpriority creditor's name and mailing address SAMBA Holdings, Inc. Attn: President or General Mgr DEPT LA 24443 Pasadena, CA 91185-4443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Safety Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,218.50
3.704	Nonpriority creditor's name and mailing address Sandra Manzke 12 Bishop Park Road Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.705	Nonpriority creditor's name and mailing address Sanford Insurance Group 26 Longview Ave. Madison, NJ 07940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> <u>(Bruce & Patti Sanford)</u> <u>(George F Sanford IV)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.706	Nonpriority creditor's name and mailing address Sanny & Matt Warner Four Winds Lane New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00
3.707	Nonpriority creditor's name and mailing address Sarah & Fausto Grayson 317 13th Street Brooklyn, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.708	Nonpriority creditor's name and mailing address SCHURE SPORTS USA INC. Attn: President or General Mgr 345 CONNIE CRESCENT CONCORD, ONTARIO L4S 5R2 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.69
3.709	Nonpriority creditor's name and mailing address Scott & Debbie Bigman 58 Farmington Lane Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,500.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.710	Nonpriority creditor's name and mailing address Scott & Kateri Depetris 597 Weed St. New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.711	Nonpriority creditor's name and mailing address Scott & Kathryn Callahan 301 Leavenworth rd. Shelton, CT 06484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.712	Nonpriority creditor's name and mailing address Scott & Missy Campbell 23 Mary Lane Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,490.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.713	Nonpriority creditor's name and mailing address Scott & Renee Connolly 38 Crowdis St. Salem, MA 01970 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.714	Nonpriority creditor's name and mailing address Scott & Simone Gladstone 30 Niantic River Rd. Waterford, CT 06385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.715	Nonpriority creditor's name and mailing address Scott & Terri Colonna 99 New Meadow Rd. Barrington, RI 02806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,230.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.716	Nonpriority creditor's name and mailing address Scott Aufenanger 2 12th S+L173t. #502 Hoboken, NJ 07030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Hermitage Club, LLC** Desc Main Document Page 206 of 231 Case number (if known) **19-20904**

3.717	Nonpriority creditor's name and mailing address Scott Johnston 27 Beach Drive Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157,000.00
3.718	Nonpriority creditor's name and mailing address SCOTT'S CLEAN SWEEP Attn: President or General Mgr PO BOX 993 WEST DOVER, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.719	Nonpriority creditor's name and mailing address Sean & Eileen Winters 10 Stillwater Rd St. James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.720	Nonpriority creditor's name and mailing address Sean & Hillary Grogan 22 Marks Road Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.721	Nonpriority creditor's name and mailing address Sean & Lori McHugh 42 Oak Hill Terrace Haddam, CT 06438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.722	Nonpriority creditor's name and mailing address Sean Harmon 155 Summer Street Weston, MA 02493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,520.00
3.723	Nonpriority creditor's name and mailing address SESAC, LLC Attn: President or General Mgr 55 Music Square East Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Music Licensing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$924.00

Debtor	Name	Case number (if known)	Page
Hermitage Club, LLC		19-20904	
3.724	Nonpriority creditor's name and mailing address Seth & Jenna Goodman 65 Pendleton Lane Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,000.00
3.725	Nonpriority creditor's name and mailing address Seth & Kirtley Cameron 47 Pound Ridge Rd Bedford, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,000.00
3.726	Nonpriority creditor's name and mailing address Shaun & Rebecca Golden 496 Wainscott Harbor Rd P.O. Box 1228 Sagaponack, NY 11962 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,000.00
3.727	Nonpriority creditor's name and mailing address Shawn & Jennifer McCann 318 Walkley Hill Rd. Haddam, CT 06438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00
3.728	Nonpriority creditor's name and mailing address Shawn & Laura Byron 229 Sylvania Place Westfield, NY 07090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
3.729	Nonpriority creditor's name and mailing address Sid Wainer & Son Attn: President or General Mgr PO Box 50240 New Bedford, MA 02745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,913.94
3.730	Nonpriority creditor's name and mailing address SISU SPORTS, LLC Attn: President or General Mgr Attn: LORI KIRK PARK CITY, UT 84068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,655.00

Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

3.731	Nonpriority creditor's name and mailing address SKEA LIMITED Attn: President or General Mgr PO BOX 2328 VAIL, CO 81620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,089.64</u>
3.732	Nonpriority creditor's name and mailing address SKI DOOR Attn: President or General Mgr PO BOX 959 WEST RUTLAND, VT 05777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,286.72</u>
3.733	Nonpriority creditor's name and mailing address SKI Electric Attn: President or General Mgr PO Box 523 West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electrical Contractor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,986.70</u>
3.734	Nonpriority creditor's name and mailing address Sky Trac Services, Inc. Attn: President or General Mgr 5440 Woodcrest Drive Holladay, UT 84117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ski ChairLift Maintenance Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,808.81</u>
3.735	Nonpriority creditor's name and mailing address SNOW ECONOMICS, INC. Attn: President or General Mgr 15 MERCER Road NATICK, MA 01760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Snowmaking Equipment and Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,448.93</u>
3.736	Nonpriority creditor's name and mailing address SOUTHERN VT SPRINKLER Srvc Attn: President or General Mgr 35 WILLIAMS Street BRATTLEBORO, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fire Suppression Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,630.50</u>
3.737	Nonpriority creditor's name and mailing address SOUTHERN VT VETERINARY CLINIC Attn: President or General Mgr 1265 RT7S BENNINGTON, VT 05201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$350.00</u>

Debtor **Hermitage Club, LLC** Desc Main Document Page 209 of 231 Case number (if known) **19-20904**

3.738 Nonpriority creditor's name and mailing address **Spencer & Sara Schubert**
45 Heather Dr.
New Canaan, CT 06840
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$63,900.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Family Legacy**
Is the claim subject to offset? ☒ No ☐ Yes

3.739 Nonpriority creditor's name and mailing address **Stan Szczepanik**
52 Foxcroft Court
Southington, CT 06489
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$26,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Family Legacy**
Is the claim subject to offset? ☒ No ☐ Yes

3.740 Nonpriority creditor's name and mailing address **Staples Advantage**
Attn: President or General Mgr
PO BOX 415256
Boston, MA 02241-5256
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$7,814.78**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Office Supplies**
Is the claim subject to offset? ☒ No ☐ Yes

3.741 Nonpriority creditor's name and mailing address **STATE OF VERMONT**
Attn: President or General Mgr
DRINKING WTR &
GROUND WTR PROT'N
SPRINGFIELD, VT 05156
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$870.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Water testing**
Is the claim subject to offset? ☒ No ☐ Yes

3.742 Nonpriority creditor's name and mailing address **Stefanie & Robert Fogel**
788 Hale St.
Beverly Farms, MA 01915
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$66,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Family Legacy**
Is the claim subject to offset? ☒ No ☐ Yes

3.743 Nonpriority creditor's name and mailing address **Stephen & Jane Leonard**
33 Crescent Rd
Riverside, CT 06878
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$62,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Family Legacy**
Is the claim subject to offset? ☒ No ☐ Yes

3.744 Nonpriority creditor's name and mailing address **Stephen & Katherine Dow**
252 Mooreland Rd.
Kensington, CT 06037
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$16,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Family Legacy**
Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Hermitage Club, LLC		Case number (if known)	19-20904
Name				

3.745	Nonpriority creditor's name and mailing address Stephen & Laura Catherwood 274 Putnam Rd New Canaan, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,000.00
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3.746	Nonpriority creditor's name and mailing address Steve & Robyn Krumrei 610 Calvin St. Washington Twp, NJ 07676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,090.00
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3.747	Nonpriority creditor's name and mailing address Steven & Gail Wolff 17 Paulding Street Fairfield, CT 06824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,000.00
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3.748	Nonpriority creditor's name and mailing address Steven & Marsha Shelov 115 Brite Avenue Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
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3.749	Nonpriority creditor's name and mailing address Steven & Risa Raich 222 W. Haviland Lane Stamford, CT 06903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,520.00
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3.750	Nonpriority creditor's name and mailing address Steven & Allie Marks 24 Rock Ridge Ave. Greenwich, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00
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3.751	Nonpriority creditor's name and mailing address Steven & Kat Albert 17 Frog Rock Rd. Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
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Debtor Name	Case number (if known)	Page
Hermitage Club, LLC	19-20904	
3.752 Nonpriority creditor's name and mailing address Steven & Marina Lowy 118 Anderson Rd. Kent, CT 06757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.753 Nonpriority creditor's name and mailing address STRIPSLIDER SCOREBOARDS Attn: President or General Mgr 1215 DAVID Drive HASTINGS, MI 49058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.68
3.754 Nonpriority creditor's name and mailing address Stuart & Nicole Kovensky 18 Long Pond Road Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.755 Nonpriority creditor's name and mailing address Suhas & Felicitie Daftuar 2 Wooddale rd Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.756 Nonpriority creditor's name and mailing address Susan McCann 153 Middle Haddam Road Middle Haddam, CT 06456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.757 Nonpriority creditor's name and mailing address SWANY SKI DIVISION Attn: President or General Mgr 115 CORPORATE DR JOHNSTOWN, NY 12095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,203.98
3.758 Nonpriority creditor's name and mailing address Sysco Albany, LLC Attn: President or General Mgr One Liebich Lane Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Product Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,460.28

Debtor	Hermitage Club, LLC	Case number (if known)	19-20904
Name			
3.759	Nonpriority creditor's name and mailing address T. Ormiston & Mt. Snow Academy 248 Route 100 West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate - Local</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00
3.760	Nonpriority creditor's name and mailing address Tammas & Lynne McVie 134 Wellesley St. Weston, MA 02493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,500.00
3.761	Nonpriority creditor's name and mailing address TAYLOR MADE GOLF COMPANY, INC. Attn: President or General Mgr TM US WHOLESALE LOCKBOX 29516 CHICAGO 60673-1295 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,419.76
3.762	Nonpriority creditor's name and mailing address Technicon, P.C. Attn: President or General Mgr PO BOX 437 Ludlow, VT 05149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Environmental ANR Consulting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,028.70
3.763	Nonpriority creditor's name and mailing address Technoalpin USA Inc. Attn: President or General Mgr 8465 CONCORD CENTER Drive ENGLEWOOD, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Snow making fan guns</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117,559.43
3.764	Nonpriority creditor's name and mailing address Ted & Shari Seides 26 Glen Avon Dr. Riverside, CT 06878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,000.00
3.765	Nonpriority creditor's name and mailing address TEMPERATURE CONTROLS OF VT Attn: President or General Mgr PO BOX 5563 Essex Junction, VT 05453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,084.60

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.766	Nonpriority creditor's name and mailing address Terence & Laura Linehan 8 Johnson Place Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.767	Nonpriority creditor's name and mailing address TEREX FINANCIAL SERVICES, INC. Attn: President or General Mgr 12460 COLLECTIONS CENTER DR CHICAGO, IL 60693-0124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,065.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.768	Nonpriority creditor's name and mailing address Tevion Walker PO Box 1944 Little River, SC 29566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$568.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Wages Earned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.769	Nonpriority creditor's name and mailing address TEXAS REFINERY CORP. Attn: President or General Mgr P O BOX 711 FORT WORTH, TX 76101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$439.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.770	Nonpriority creditor's name and mailing address TF MORAN INC. Attn: President or General Mgr 48 Constitution Dr Bedford, NH 03110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,374.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Engineering Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.771	Nonpriority creditor's name and mailing address Thano & Alison Chaltas 75 Loring Ave. Providence, RI 02906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.772	Nonpriority creditor's name and mailing address THE CHEF'S GARDEN, INC. Attn: President or General Mgr 9009 Huron-Avery Road Huron, OH 44839 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,422.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Product Purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.773	Nonpriority creditor's name and mailing address THE MELANSON CO/SOLAR SOURCE Attn: President or General Mgr 353 West Street Keene, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00			
3.774	Nonpriority creditor's name and mailing address Thomas & Shevaun Doyle 15 Hudson Road East Irrington, NY 10533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00			
3.775	Nonpriority creditor's name and mailing address Thomas & Ellen Eglin 9 Oakcrest Darien, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,400.00			
3.776	Nonpriority creditor's name and mailing address Thomas & Jill Greenwald 61 Little Silver Point Road Little Silver, NJ 07739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,207.20			
3.777	Nonpriority creditor's name and mailing address Thomas & Sharon Quinn 96 High Street Plainville, MA 02762 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,000.00			
3.778	Nonpriority creditor's name and mailing address Thomson Reuters Attn: President or General Mgr P O BOX 6292 CAROL STREAM, IL 60197-6292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,553.78			
3.779	Nonpriority creditor's name and mailing address Tim & Felicity Yanoti 6 Ballwoos Rd. Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,000.00			

Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
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3.780	Nonpriority creditor's name and mailing address Tim & Lenore Walding 4 Mckesson Hill Rd Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.781	Nonpriority creditor's name and mailing address Tim & Liz Donahue 113 Hix Ave. Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.782	Nonpriority creditor's name and mailing address Tim & Lora Greene 97 Fairway Ave Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.783	Nonpriority creditor's name and mailing address Tim & Noel Gallagher 11-24 31st Ave #14 A Long Island City, NY 11106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.784	Nonpriority creditor's name and mailing address Timothy & Jamie Curley 31 Sunnysledge St. New Britain, CT 06052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,900.00
3.785	Nonpriority creditor's name and mailing address Timothy & Keira Treanor 10 Shady Lane Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,000.00
3.786	Nonpriority creditor's name and mailing address Timothy & Kimberly Sullivan 127 Roxen Rd. Rockville Center, NY 11576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00

Debtor	Hermitage Club, LLC Name		Case number (if known) 19-20904
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3.787	Nonpriority creditor's name and mailing address Timothy & Mora Babineau 2 Holly Lane Barrington, RI 02806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,520.00
3.788	Nonpriority creditor's name and mailing address Tina Scharf 99 Hall Road Lincoln, VT 05443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Environmental ANR Consulting Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,828.70
3.789	Nonpriority creditor's name and mailing address Todd & Marisa Marlin 2 Fawn Brook Ct. Pleasantville, NY 10570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
3.790	Nonpriority creditor's name and mailing address Tom & Carole Kelleher 6 Bayberry Lane Wilton, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.791	Nonpriority creditor's name and mailing address Tom & Cindy Garten 77 Bluff Point Road South Glastonbury, CT 06073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
3.792	Nonpriority creditor's name and mailing address Tom & Donna Delitto 38 Edinburg La. Trumbull, CT 06611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
3.793	Nonpriority creditor's name and mailing address Tom & Heather Minkler 20 Foxwood ave. Keene, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate- National</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.794	Nonpriority creditor's name and mailing address Tom & Irene Hall 7 Markwood Lane Rumson, NJ 07760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.795	Nonpriority creditor's name and mailing address Tom & Megan Capozza 3 Atlantic Crossing Barrington, RI 02806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.796	Nonpriority creditor's name and mailing address Tony & Beth Miranda 49A Shore Rd. Old Greenwich, CT 06870 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.797	Nonpriority creditor's name and mailing address Tony & Chris McIntyre 2 Splitrail Ln Medford, NJ 08055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.798	Nonpriority creditor's name and mailing address Torie & Chris Seidl 27 Old Deep River Rd. Centerbrook, CT 06409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.799	Nonpriority creditor's name and mailing address Tracy & Matthew Smith 38 Stonefield Rd. Avon, CT 06001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.800	Nonpriority creditor's name and mailing address TRI-STATE ACOUSTICAL INC. Attn: President or General Mgr P O BOX 231 Keene, NH 03431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)	19-20904
3.801	Nonpriority creditor's name and mailing address Triple T Trucking Attn: President or General Mgr 437 Vernon Road Brattleboro, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Waste Removal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,616.81
3.802	Nonpriority creditor's name and mailing address Trophy Factory Attn: President or General Mgr 111 WEST RICH Avenue DELAND, FL 32720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Framing Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,236.30
3.803	Nonpriority creditor's name and mailing address TRUE WORLD FOODS Attn: President or General Mgr 22 Food Mart Road Boston, MA 02118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,849.82
3.804	Nonpriority creditor's name and mailing address Tyler & Rose Dickson 9 Hunter Lane Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,800.00
3.805	Nonpriority creditor's name and mailing address ULINE Attn: President or General Mgr ATTN ACCOUNTS RECEIVABLE CHICAGO, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.19
3.806	Nonpriority creditor's name and mailing address UNCLE BOB'S SEPTIC Attn: President or General Mgr 204 SOUTH Street BENNINGTON, VT 05201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lavatory Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,452.00
3.807	Nonpriority creditor's name and mailing address UNICRON PROPERTY MANAGEMENT Attn: President or General Mgr PO BOX 365 MARLBOROUGH, NH 03455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Property Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,263.14

Debtor	Name	Desc	Main Document	Page	Case number (if known)	220 of 231
3.815	Nonpriority creditor's name and mailing address USGA CLUB MEMBERSHIP Attn: President or General Mgr P O BOX 5008 HAGERSTOWN, MD 21741-5008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Golf Club dues</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00			
3.816	Nonpriority creditor's name and mailing address UVEX SPORTS Attn: President or General Mgr 45 MARIAN Avenue NARRAGANSETT, RI 02882 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Product Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,768.99			
3.817	Nonpriority creditor's name and mailing address Vector Media Ventures LLC Attn: President or General Mgr 8 Upland Lane Armonk, NY 10504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Membership</u> <u>(Bill & Marnie Schwartz)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,000.00			
3.818	Nonpriority creditor's name and mailing address Vermont Assoc of Wedding Prof Attn: President or General Mgr PO Box 2103 South Burlington, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00			
3.819	Nonpriority creditor's name and mailing address Vermont Chamber of Commerce Attn: President or General Mgr PO Box 37 Montpelier, VT 05601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,136.00			
3.820	Nonpriority creditor's name and mailing address VERMONT DEPARTMENT OF LABOR Attn: President or General Mgr PO BOX 488 MONTPELIER, VT 05601-0488 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,023.23			
3.821	Nonpriority creditor's name and mailing address VERMONT DEPT OF ENVIRON CONS Attn: President or General Mgr ONE NATIONAL LIFE DRIVE MONTPELIER, VT 05620-3522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.53			

Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

3.822	Nonpriority creditor's name and mailing address VERMONT DEPT. OF HEALTH Attn: President or General Mgr 108 CHERRY ST BURLINGTON, VT 05402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.823	Nonpriority creditor's name and mailing address VERMONT DIVISON OF FIRE SAFETY Attn: President or General Mgr 1311 U S ROUTE 302-SUITE 600 BARRE, VT 05641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.00
3.824	Nonpriority creditor's name and mailing address Vermont DMV Attn: President or General Mgr AGENCY OF TRANSPORTATION WILLISTON, VT 05495-1308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.00
3.825	Nonpriority creditor's name and mailing address VERMONT GELATO Attn: President or General Mgr PO BOX 251 NEWFANE, VT 05345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.25
3.826	Nonpriority creditor's name and mailing address VERMONT GOLF ASSOCIATION, INC, Attn: President or General Mgr PO BOX 1612 STATION A RUTLAND, VT 05701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>State Golf Authority Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00
3.827	Nonpriority creditor's name and mailing address VERMONT HOUSING & CONSERVATION BOARD Attn: President or General Mgr 58 EAST STATE Street MONTPELIER, VT 05602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,958.00
3.828	Nonpriority creditor's name and mailing address VERMONT ISLANDS Attn: President or General Mgr 22 BROWNE COURT-UNIT 115 BRATTLEBORO, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,120.10

Debtor **Hermitage Club, LLC** Case number (if known) **19-20904**

3.829	Nonpriority creditor's name and mailing address Vermont Media Publishing Co. Attn: President or General Mgr PO Box 310 West Dover, VT 05356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertisements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,842.49
3.830	Nonpriority creditor's name and mailing address Vermont State Wmn's Golf Assn. Attn: President or General Mgr 2703 EAST Street NORTH CLARENDON, VT 05759 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>State Golf Authority Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.00
3.831	Nonpriority creditor's name and mailing address VIKING ELEC CONTR'G CO., LLC Attn: President or General Mgr 193 DAY Street NEWINGTON, CT 06111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.46
3.832	Nonpriority creditor's name and mailing address Vincent & Elizabeth Trama 154 Oakside Dr. Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,520.00
3.833	Nonpriority creditor's name and mailing address Vinnie & Denise Dascano 42 Rockwood Lane Danbury, CT 06811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00
3.834	Nonpriority creditor's name and mailing address Virany & Brooke Hillard 29 Gray Rock Lane Chappaqua, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,800.00
3.835	Nonpriority creditor's name and mailing address Virginia and Jason Brown 193 Watch Hill Road Westerly, RI 02891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,000.00

Debtor	Name	Desc	Main Document	Page	Case number (if known)	19-20904
3.836	Nonpriority creditor's name and mailing address Vrontas, Ayer & Chandler Attn: President or General Mgr 250 COMMERCIAL Street SUITE 4004 MANCHESTER, NH 03101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,605.00			
3.837	Nonpriority creditor's name and mailing address VtGCSA Attn: President or General Mgr 24 Bowman Road Vergennes, VT 05491 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00			
3.838	Nonpriority creditor's name and mailing address VTrans Attn: President or General Mgr ONE NATIONAL LIFE DR MONTPELIER, VT 05633-5001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00			
3.839	Nonpriority creditor's name and mailing address Waite-Heindel Env Mngmt. Attn: President or General Mgr 7 Kilburn Street Suite 301 Burlington, VT 05401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advisory Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00			
3.840	Nonpriority creditor's name and mailing address Walker & April Manzke 12 Bishop Park Road Pound Ridge, NY 10576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,000.00			
3.841	Nonpriority creditor's name and mailing address Walker Kimball 200 Mending Walls Rd. Manchester Center, VT 05255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164,400.00			
3.842	Nonpriority creditor's name and mailing address Walter & Anna Mattera 15 Daniel Court Westport, CT 06880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,000.00			

Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.843	Nonpriority creditor's name and mailing address Warren & Andrea Alexander 117 Bay Point Rd. Swansea, MA 02777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.844	Nonpriority creditor's name and mailing address WELLS FARGO Attn: President or General Mgr P O BOX 105743 ATLANTA, GA 30348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$495.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Finance - Repossession Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.845	Nonpriority creditor's name and mailing address Wendell & Ellen Maddrey 19 Cornell Way Montclair, NJ 07043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.846	Nonpriority creditor's name and mailing address Wendy Webber 131 Tennyson Dr. Longmeadow, MA 01106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.847	Nonpriority creditor's name and mailing address WESTERN EQUIPMENT FINANCE Attn: President or General Mgr 503 HIGHWAY 2 WEST DEVILS LAKE, ND 58301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,788.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Finance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.848	Nonpriority creditor's name and mailing address WESTON & SAMPSON Attn: President or General Mgr FIVE CENTENNIAL Drive PEABODY, MA 01960-7985 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Project management services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.849	Nonpriority creditor's name and mailing address Whit & Lilly Armstrong 107 Patterson Ave. Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hermitage Club, LLC Name	Case number (if known) 19-20904
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3.850	Nonpriority creditor's name and mailing address WHITE MOUNTIAN PRECAST, LLC Attn: President or General Mgr PO BOX 870 Henniker, NH 03242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.851	Nonpriority creditor's name and mailing address WHITELEAF ENTERTAINMENT GROUP Attn: President or General Mgr 73 BEDFORD Road KATONAH, NY 10536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,080.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Musician Brokerage fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.852	Nonpriority creditor's name and mailing address Whitney & Matthew Peterson 485 Whitfield Street Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.853	Nonpriority creditor's name and mailing address WILCOX ICE CREAM Attn: President or General Mgr 116 SWEET Street EAST ARLINGTON, VT 05252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,329.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.854	Nonpriority creditor's name and mailing address William & Heather Castle 24 Audubon Rd. Wellesley, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$36,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.855	Nonpriority creditor's name and mailing address William & Sarah Orum 733 Lake Ave. Greenwich, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$72,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.856	Nonpriority creditor's name and mailing address WILLIAMS SCOTSMAN Attn: President or General Mgr PO BOX 91975 CHICAGO, IL 60693-1975 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,835.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trailer Rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Hermitage Club, LLC Name	Case number (if known)	19-20904
3.857	Nonpriority creditor's name and mailing address WINTERSTEIGER Attn: President or General Mgr 4705 AMELIA EARHART DRIVE SALT LAKE CITY, UT 84116-2876 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Boot Dryers for Lockers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,365.36
3.858	Nonpriority creditor's name and mailing address WM Forest Products LLC Attn: President or General Mgr PO Box 312 Wardsboro, VT 05355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.859	Nonpriority creditor's name and mailing address WOOD & WOOD Attn: President or General Mgr 98 CARROLL Road WAITSFIELD, VT 05673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sign Suppliers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,689.65
3.860	Nonpriority creditor's name and mailing address World Cup Supplies Attn: President or General Mgr 226 INDUSTRIAL Drive BRADFORD, VT 05033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.06
3.861	Nonpriority creditor's name and mailing address Yadin & Ursula Rozov 1 Anchor Drive Rye, NY 10580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Family Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,000.00
3.862	Nonpriority creditor's name and mailing address Yarrow Thorne 92 Hudson St. Providence, RI 02909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Single Legacy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,000.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bill & Marnie Schwartz 8 Upland Lane Armonk, NY 10504	Line <u>3.817</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	
	Hermitage Club, LLC	19-20904	
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2	Bruce & Patti Sanford 26 Longview Ave. Madison, NJ 07940	Line <u>3.705</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Christian & Beca Urciuoli 504 W. 11th St. New York, NY 10025	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Christopher & Sue Kurek 248 Old Stage Road Essex Junction, VT 05452	Line <u>3.661</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Christopher Nicotra 196 Pine Creek Ave Fairfield, CT 06824	Line <u>3.600</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Daniel and Jennifer Donovan 95 Pine Ridge Drive Putney, VT 05346	Line <u>3.484</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Dave & Nadine Gannon 4 Peach Hill Dr Wall, CT 06492	Line <u>3.348</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Dune & Neville Thorne 105 Lincoln Rd. Lincoln, MA 01773	Line <u>3.89</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Ed & Terri Druke 265 Newfane Hill Road Newfane, VT 05345	Line <u>3.606</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Elliot & Barbara Cooperstone 6 Marvin Place Westport, CT 06880	Line <u>3.577</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Eric and Jennifer Spindt 35 Overlook Drive E Framingham, MA 01701	Line <u>3.164</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Frederick & Patricia Casinelli 225 Hancock Road Taunton, MA 02780	Line <u>3.661</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	George F Sanford IV 86 Yantacaw Brook Road Montclair, NJ 07043	Line <u>3.705</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	Irene & Manny Makiaris 36 West Pattagansett Rd. Niantic, CT 06357	Line <u>3.165</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	19-20904
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.15	James Reyes 4655 Hawthorne Lane NW Washington, DC 20016	Line <u>3.661</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	James Ryan & Eryn Badger 558 Gates Road Chester, VT 05143	Line <u>3.474</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	Jay & Michelle Clarke 22 Phillip Drive Spofford, NH 03462	Line <u>3.153</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	Jim & Jeanine Johnsen 7 East Trl. Darien, CT 06820	Line <u>3.348</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	John & Ann Nolan 225 John Hancock Road Taunton, MA 02780	Line <u>3.661</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	John & Marcia Leader 567 Westminster Rd. Putney, VT 05346	Line <u>3.484</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	John and Shirley Grush 1752 East Dover Road East Dover, VT 05341	Line <u>3.325</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22	Mark & Kristen Wallace 193 Dover Hill Road East Dover, VT 05341	Line <u>3.325</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	Michael & Dori Kuziak 120 Bashan Rd East Haddam, CT 06423	Line <u>3.482</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24	Rich & Anne Clarke 32 Salisbury Rd. Keene, NH 03431	Line <u>3.293</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	Richard and Caryn Jacoby 201 Cognewaugh Road Riverside, CT 06878	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.26	Thomas & Heather Minkler 20 Foxwood Avenue Keene, NH 03431	Line <u>3.151</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1 5a. \$ 1,473,269.62

Desc

Main Document

Page

229 of 231

Debtor

Hermitage Club, LLC

Name

Case number (if known)

19-20904

5b. Total claims from Part 2

5b. + \$ **38,563,224.28**

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ **40,036,493.90**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF VERMONT**

		X
	:	
In re:	:	INVOLUNTARY CHAPTER 7
	:	
HERMITAGE INN REAL ESTATE	:	
HOLDING COMPANY, LLC	:	CASE NO. 19-10214 (CAB)
	:	
Alleged Debtor	:	
	X	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on June 9, 2019, the foregoing document was electronically filed. Notice of this filing was sent by e-mail to all parties by operation of the Court's electronic filing system or by mail to anyone unable to accept electronic filing. Parties may access this filing through the Court's system.

Dated: June 9, 2019
New Haven, Connecticut

ALLEGED DEBTOR,
HERMITAGE INN REAL ESTATE
HOLDING COMPANY, LLC

By: /s/Douglas S. Skalka
Douglas S. Skalka
NEUBERT, PEPE & MONTEITH, P.C.
195 Church Street
New Haven, Connecticut 06510
(203) 821-2000
dskalka@npmlaw.com

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